Arizona State Hospital

Phoenix, Arizona

ANNUAL REPORT

July 1, 1961 — June 30, 1962

75th Anniversary Issue



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This Annual Report was composed and printed in the Duplicating Section of the Rehabilitation Department by employees and patients.

JAMES McNULTY, CHAIRMAN
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Arizona State Hospital Board

Phoenix, Arizona

R. A. CLELLAND
SECRETARY

The Honorable Paul J. Fannin
Governor of the State of Arizona
Phoenix, Arizona

Dear Governor Fannin:

The Annual Report of the Arizona State Hospital could be summed up with a simple statement that the State of Arizona is not doing well in the field of mental health.

The facilities and the people who are directly concerned with this problem are doing well and, in fact, doing splendidly. For the most part the patients are doing likewise.

But our State, in its concern with this problem and its efforts to stay abreast of this situation, is not doing well even though its efforts and expenditures have increased substantially over the past ten years. Our problems have increased at a faster rate both in numbers and in complexity.

The Hospital Board is grateful to see the Mental Health Center in Tucson as an accomplished fact. But this is so primarily because of the dedication of a handful of individuals in the community of Tucson. That answers an old question about what one person can do.

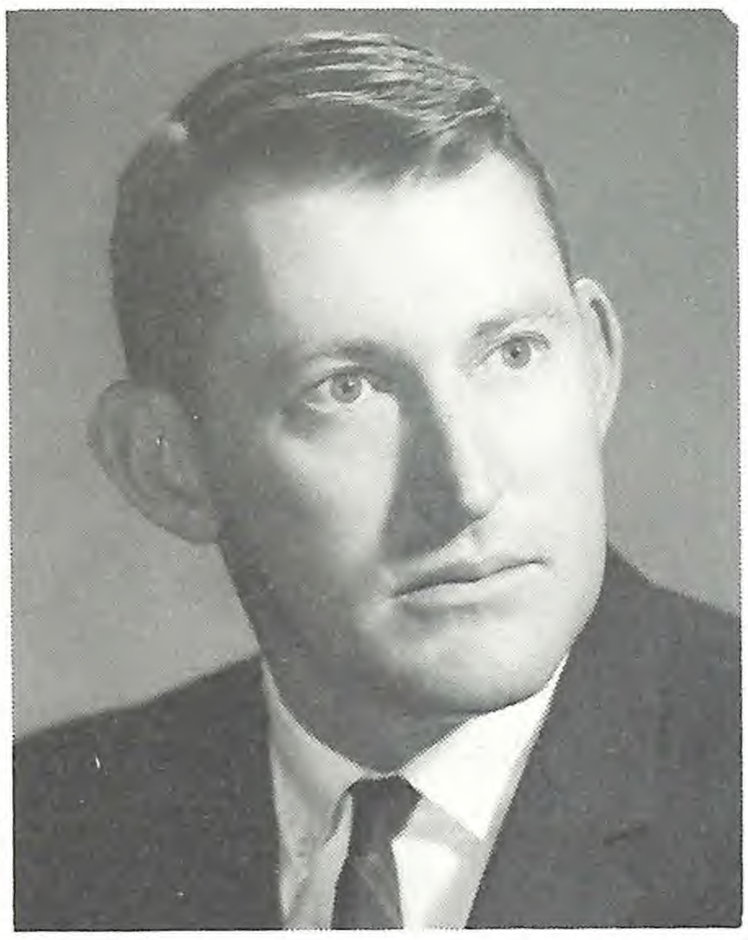
Our State has actually declined in its rank among fifty states in various categories of comparisons in the last two years. Conclusions of almost any nature can be made from these comparisons and we don't conclude that our State is not doing well for reasons of these comparisons alone.

75th Anniversary
1887 - 1962

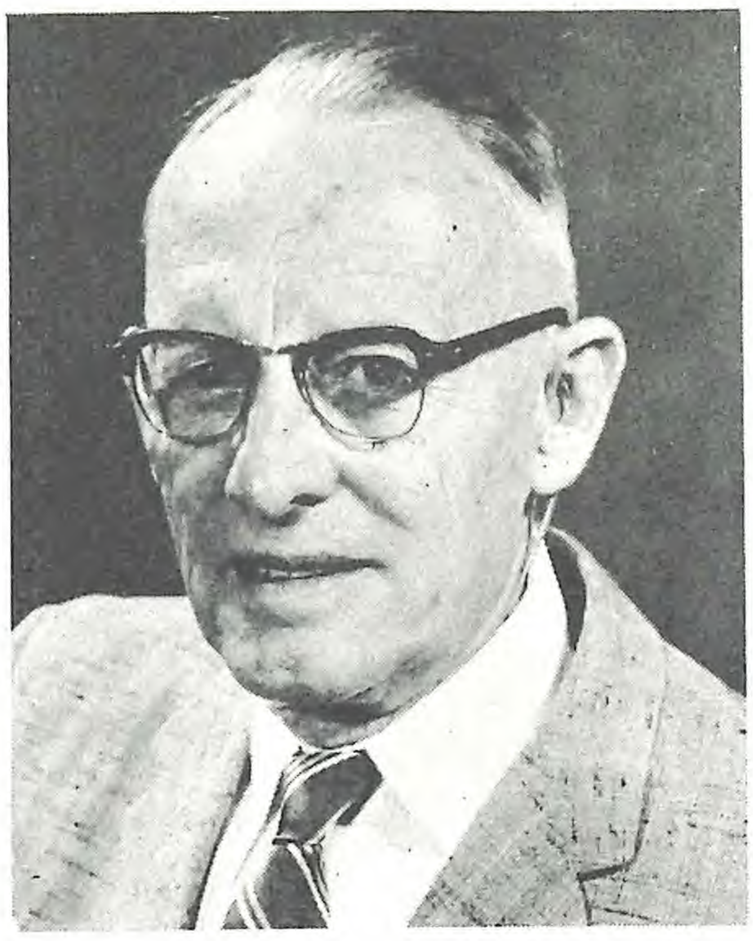
The solution of some of our ills in this field is best going to be met by a series of local programs in the smaller communities of our state, attacking this problem before it reaches institutional care. I believe that the day of the vast, monolithic, near-cemetery-like, permanent institution is past, in terms of money and in terms of treatment. Let's spend the money on competent and dedicated people and go out to fight this problem where it begins, and not after it has often matured into an impossibility.

Sincerely,

James F. McNulty, Jr.
Chairman
Arizona State Hospital Board



James McNulty, Chairman
BISBEE, ARIZONA

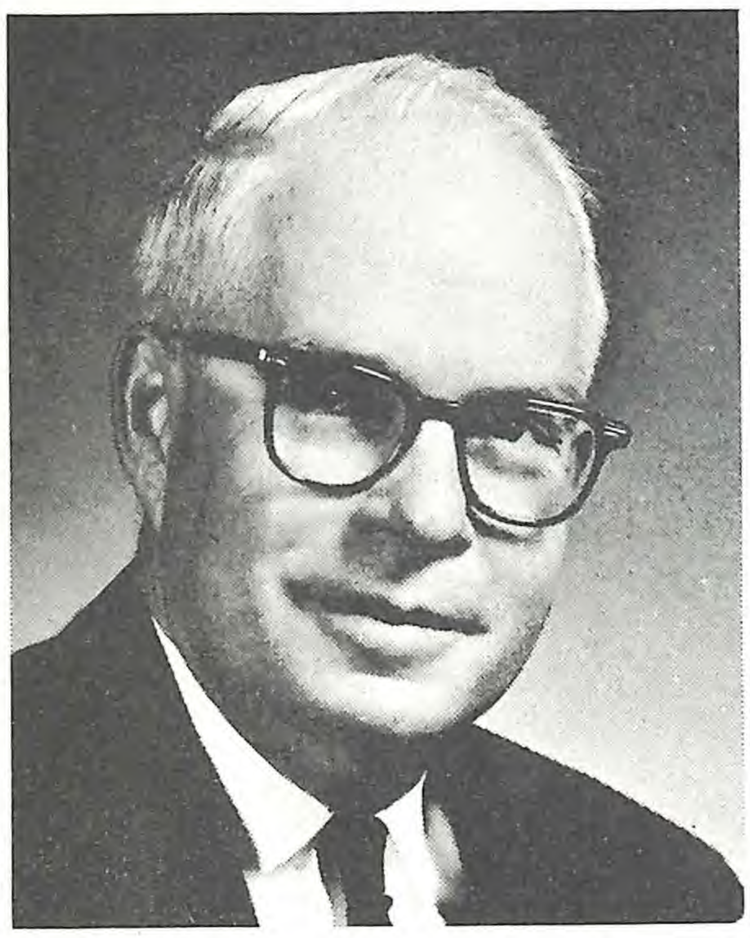


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PHOENIX, ARIZONA



Dwight G. Hudson, D.D.S., Member
SCOTTSDALE, ARIZONA

arizona state hospital board



W. A. Coerver, Member
PRESCOTT, ARIZONA



Ruth Z. Irving, Member
TUCSON, ARIZONA

administrative officers



Samuel Wick, M.D.
SUPERINTENDENT



R. A. Clelland
BUSINESS MANAGER



Mary E. Pittman, R.N.
DIRECTOR OF NURSING

Medical, Nursing and Therapeutic Staff

MEDICAL

Samuel Wick, M.D. ..... Director
George G. Saravia, M.D. ..... Clinical Director
Stanley A. Smith, M.D. ..... Chief, Medical-Surgical Services
Anne Marie Vogt, M.D. ..... Physician
Dominic F. Zito, M.D. ..... Physician
Rosolino LoCurto, M.D. ..... Psychiatrist
Ludmilla W. LeMair, M.D. ..... Psychiatrist
George C. Dorsey, M.D. ..... Physician
Arnold Kendall, M.D. ..... Physician
Douglass A. Haddock, M.D. ..... Physician
David West, M.D. ..... Physician
Frank J. Price, M.D. ..... Psychiatrist

SOUTHERN ARIZONA MENTAL HEALTH CLINIC, AND TUCSON OUT-PATIENT CLINIC, TUCSON, ARIZONA

Robert J. Shearer, M.D. ..... Director

DENTAL

Martin T. Copenhaver, D.D.S. ..... Dentist

PSYCHOLOGY

Paul W. Brewer, Ph.D. ..... Clinical Psychology Director

PHARMACY

Elias Schlossberg ..... Pharmacist

NURSING

Mary E. Pittman, R.N. ..... Director of Nursing
Joyce Bain, R.N. ..... Asst. Director of Nursing, Nursing Service
Margaret Haggarty, R.N. ..... Asst. Director of Nursing, Nursing Education

SOCIAL SERVICE

Philip L. Gordon ..... Director

CHAPLAIN

Rev. Paul W. Strickland

REHABILITATION SERVICES

Marjorie Hill, O.T.R. ..... Director

INDUSTRIAL THERAPY

Arlene Babcock ..... Industrial Therapist

OCCUPATIONAL THERAPY

Lelah F. Adler, R.N. ..... Acting Director

RECREATIONAL THERAPY

Shirley McEntee ..... Director

MEDICAL RECORDS

Philipine Castellana ..... Librarian

Consulting Staff

NEUROSURGERY
John R. Green, M.D.
Hal W. Pittman, M.D.

NEUROLOGY
Betty G. Clement, M.D.
David D. Daly, M.D.

RADIOLOGY
Marcy L. Sussman, M.D.

GYNECOLOGY
Henry A. Siegal, M.D.

INTERNAL MEDICINE
Monroe H. Green, M.D.

PATHOLOGY
James D. Barger, M.D.

ORTHOPEDIC SURGERY
L.I. Tuveson, M.D.

GENERAL SURGERY
Rex O. Vaubel, M.D.

OPHTHALMOLOGY
Harry J. French, M.D.
Sheldon Zinn, M.D.

ANESTHESIOLOGY
Dana L. Harnagel, M.D.
John L. Ford, M.D.
Alice Richards, R.N.
Paul Causey, M.D.

OUT-PATIENT PSYCHIATRY
Carl Breitner, M.D.
Maier I. Tuchler, M.D.

TUCSON OUT-PATIENT PSYCHIATRY
Warren S. Williams, M.D.
Jack A. Marks, M.D.

UROLOGY
Paul L. Singer, M.D.

TUBERCULOSIS
Bertram L. Snyder, M.D.

DERMATOLOGY
George K. Rogers, M.D.

PODIATRY
Dr. H.B. Seyfert
Dr. Samuel Mason



Legislative personnel inspect remodeled Building – A. Representative Robert R. Hathaway, Chairman of the House Appropriations Committee, left; House Speaker W. L. "Tay" Cook, second from right; Representative Mrs. E. B. Thode, right, with Hospital Director, Samuel Wick, M.D.



Retiring Board Chairman, Mrs. Thelma McQuade, receives a plaque from her successor, Mr. James McNulty. The plaque, in the shape of the State of Arizona, expresses the appreciation of Board members for the endeavors of Mrs. McQuade during her years of service.

REPORT OF SUPERINTENDENT

Report of Superintendent

ARIZONA STATE HOSPITAL BOARD
James F. Mc Nulty, Jr., Chairman

I am submitting my ninth Annual Report which reviews the achievements and the disappointments during the fiscal year 1961-62. The theme of this report has the same basic tunes, with some variations and modifications. It is primarily a song of "TOO LITTLE, TO DO TOO MUCH." The reports from the departments reveal the accomplishments which are significant, considering that each department functioned with fewer people than was required to get the job done.

POPULATION

The population of the hospital increased from 1,664 to 1,750 from July 1, 1961 to July 1, 1962. The total admissions increased to 2,042 compared to 1,776 during the previous year. There were 767 patients on Conditional Discharge compared to 675 at the end of the previous fiscal year. Less than 50% of the patients were admitted by Court commitment, which is a tremendous advantage for the patients to be relieved of the trauma associated with a hearing for insanity. There is a significant change in the length of residence of patients in the hospital as shown by the chart in the Medical Records report. There are fewer patients remaining in the hospital for longer than one year.

The increase in the census was more than 100 patients during the past two years. During this period, most state hospitals reported a decrease in the patient census. EVEN THOUGH THE POPULATION OF THE STATE INCREASED GREATLY, THE HOSPITAL CENSUS COULD HAVE BEEN DECREASED WITH AN ADEQUATE STAFF TO PROVIDE TREATMENTS. The treatment could be improved for the newly-admitted acutely ill, who need individual therapy; for the chronically ill, who need rehabilitation and follow-up; for the geriatric patients, who need placement and continuing care.

The cost of housing, feeding, clothing and providing for the additional 100 patients per year amounts to $192,000. This amount of money utilized for personnel would be spent more efficiently to provide treatment rather than to provide custody.

MEDICAL STAFF

During the year two members of the Staff were employed. Dr. George G. Saravia was appointed as Clinical Director from his position as Psychiatrist. The position of Assistant Director continued to be vacant because of an inadequate salary. The Medical Staff has been devoted and performed effectively in order to examine, diagnose, treat and discharge the increasing number of patients. In addition, they have participated in the teaching program and the out-patient clinics for after-care. The Staff must be increased to provide adequate treatment for all patients.

The Legislature provided funds to employ a Child Psychiatrist during 1962-63 in order to plan, develop and study the type of Treatment Unit for Mentally Ill and Emotionally Disturbed Children which would be suited to the needs of Arizona. The results will be presented to the Legislature as a basis for establishment of the Children's Unit of the Arizona State Hospital.

TREATMENT

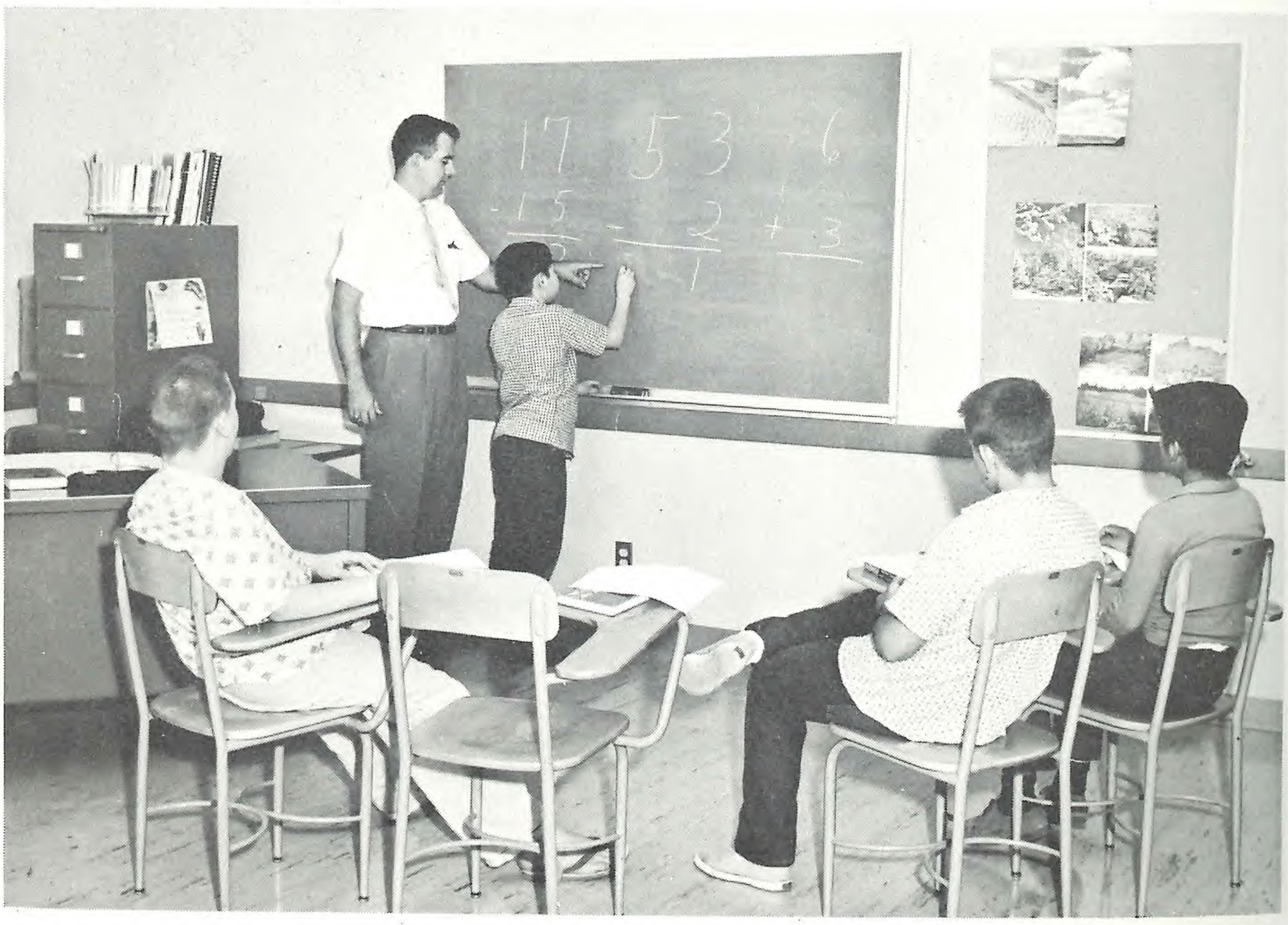
The hospital provides all the approved treatments which are utilized by the psychiatric profession. The extent of the treatments was curtailed by the lack of sufficient staff in all categories. It is impossible to give individual psychotherapy which is so important until the deficiency in the staff is corrected.

RESEARCH

The same problems are still present which prevent a research program—LACK OF FUNDS TO OBTAIN TRAINED PERSONNEL AND TO PROVIDE FACILITIES.

SPECIAL EDUCATION

The Mental Health Foundation has continued to provide funds to employ an Instructor for Special Education. The program has been effective in stimulating the adolescent patient to continue in school, whether it be in class or by individual instruction.



As a part of the Rehabilitation area, various classrooms are maintained for patients. Here an instructor is shown with a grade school group of hospital patients.

COMMUNITY CONTACTS

Many members of the professional staff participated in programs, institutes and panel discussions in the community related to various aspects of the hospital functions. Speeches were given to professional groups, civic organizations and service clubs.



Mr. Tom Lewis, Southwestern artist, is shown presenting to Dr. Samuel Wick a painting for the hospital's collection. This picture is entitled "Spacious Desert."

The hospital was host to the Second Annual Institute for the Clergy during which staff members discussed "Depressions." The staff cooperated with the Second Annual Psychiatric Institute for the Arizona Academy of General Practice which was presented by members of the psychiatric faculty of the University of Southern California Medical School.

The first Career's Day for 160 high school students was held at the hospital. The type of work and the educational requirements of the different professions in the mental health field were discussed and the students were taken on a tour of the hospital. An evaluation from the students and their

counsellors revealed the interest and stimulation created by this contact with the hospital.



A group of high school students is addressed by the Hospital Director in connection with Career Day.

During the year 1,757 people visited the hospital for clinics and tours. The majority of them were students from high schools, colleges and universities, who came for the instruction in Abnormal Psychology and to learn about the functions of the hospital.

OUT-PATIENT CLINICS

The out-patient clinics conducted at the Arizona State Hospital have continued to serve more patients who require after-care after leaving the hospital and to provide psychiatric services to the community.

The Yuma Mental Health Clinic was established three years ago by community participation. The hospital provides some funds for the Psychiatric Consultant who reviews those patients who are on Conditional Discharge to assist them in their adjustment and in regulating their medication. The same arrangements were made by the hospital for the Psychiatric Consultant who serves the Cochise County Guidance Clinic. Similar psychiatric clinics are needed in all of the larger communities throughout the state.

OUT-PATIENT PSYCHIATRIC AND NEUROSURGICAL CONSULTATIONS:

	HOSPITAL PATIENTS	OUT-PATIENTS	TOTAL
Neurosurgical Evaluation	59	64	123
Neurosurgical Re-examinations	4	302	306
Psychiatric Evaluations		131	131
Psychiatric Consultations of Out-Patients		421	421
Psychiatric Consultations of Conditionally Discharged Patients		1,991	1,991
Social Service Consultations of Conditionally Discharged Patients		1,255	1,255
Electroencephalograms	203	174	377
X-Rays	7	8	15
Surgical Procedures	11		11
Clinical Pathological Conferences (Patients)	43		43
Total	327	4,346	4,673

The Southern Arizona Mental Health Clinic became a reality in November, 1961. Dr. Robert Shearer was appointed as Director of the newly formed clinic and the existing Tucson Out-Patient Clinic. His report describes the functioning of the clinics and the number of patients given psychiatric services



In addition to the Tucson Out-Patient Clinic, this six-unit auto court was converted to the Southern Arizona Mental Health Clinic. The Clinic was begun jointly with the University of Arizona and the Pima County Association for Mental Health.

PERSONNEL

There was an increase in the number of employees from 649 to 667 during the year. This number is still less than is required to provide an adequate program. The employee turn-over was 34.5%, which is the lowest in the hospital's history. The improvement is attributed to better working conditions, better supervision, the trainee program and a slight increase in salaries.

THE HOSPITAL NEEDS MORE TRAINED PERSONNEL WHO CAN BE OBTAINED WHEN SALARIES WILL BE ADEQUATE.



PHOTO BY BUD DE WALD

The three ladies shown with Eli Schlossberg, Pharmacist, all formerly assisted in pharmacy work. They are from the left, Irene Covell, switchboard; Dovie Kirkland, Beauty Shop; Alpha G. Richardson, Dietary. The four shown here represent a total of 90 years continuous hospital service.

BUILDING IMPROVEMENTS

During the year the following building projects were started and were nearing completion:

1. Building "C" which will be used as an admission ward for men until a new Diagnostic and Treatment Building will be provided.

2. General Services Building which will house the offices of the Housekeeping Department, the Sewing Room, the Mattress Shop and to provide storage for furniture and other items.

3. Remodeling of the Men's Receiving Ward was to begin shortly after the end of this fiscal year.

The Legislature appropriated $1,090,732 to be used for the following purposes:

1. A new Dietary Unit to include the main kitchen, bakery, butcher shop, vegetable area, cold storage, offices and cafeterias for the patients and employees.

2. The Chapel which has been needed for so long and for which the architects, Weaver and Drover, have contributed their services in planning, designing and supervising the construction.

3. The Administration Building which will provide adequate space for the Administrative offices, the Social Service Department, the Medical Records Section and the Business offices.

4. To purchase land and buildings to establish the Southern Arizona Mental Health Center in Tucson to be used to provide complete psychiatric services by combining the present Tucson Out-Patient Clinic, the Southern Arizona Mental Health Clinic and adding the Day Treatment Unit.

NEEDED IMPROVEMENTS

The previous long-range building plan has been revised again because new services and functions must be met as the needs arise and the state grows. The increase in the number of mentally ill children demonstrates the importance of a treatment unit for these children. Additional Mental Health Centers should be provided in each of the geographic areas of the state so that needed psychiatric services will be available to all communities.

The building program includes the following:

1. Diagnostic and Treatment Building
2. Raze Building "D"
3. Purchase the overhead electrical system
4. Remodel Auditorium
5. Treatment Unit for Mentally Ill Children
6. Three Staff Residences
7. Convert old Dietary Building to Warehouse
8. Raze old Building "C"
9. Western Arizona Mental Health Center
10. Northern Arizona Mental Health Center
11. Eastern Arizona Mental Health Center

SEVENTY-FIFTH ANNIVERSARY

In January 1962 the Arizona State Hospital celebrated its 75th Anniversary. The occasion was observed at "Open House" during National Mental

Health Week by the Annual Carnival and a program presented by the patients. Governor Paul J. Fannin spoke during the program to the patients and visitors. He expressed his interest in the progress of the hospital and the entire program to improve the mental health of the people of Arizona.



Mrs. Marjorie Hill, left, Director of Rehabilitation and Governor Paul Fannin flank Dr. Samuel Wick at one of the Open House meetings, celebrating the 75th Anniversary of Arizona State Hospital.

A committee, composed of members of the staff, has been preparing a history of the Arizona State Hospital, which will be published during the latter part of 1962.

The Hospital has been able to provide an improved program for the treatment of the mentally ill only by the loyalty, the devotion and the concern of all the employees for the cooperation and help which they gave to the hospital and the patients. The community has assisted in the many programs by the time, effort and friendship received from the many Volunteers. The

hospital is actually part of the community and the community is accepting its responsibility toward the patient who has been discharged from the hospital.

The Arizona State Hospital Board serves as a public duty to establish policies, to approve capital expenditures, to review the treatment programs, to recommend needed facilities and to advise the administration. They have been most diligent and devoted in giving their time, effort and deliberations toward the goal of the hospital, which is to treat the mentally ill most effectively in the shortest period of time so that they will become useful, productive and better adjusted citizens in their communities. I thank them all for their help and advice.

Respectfully submitted,

Samuel Wick

SAMUEL WICK, M.D.



Assistant Director's Report

Number of Staff Meetings held during year	167
Number of Patients seen at Staff Meetings	3,003
Surgery performed (not including NSU)	25
Number of visits to Minor Surgery	982
Electro-convulsive Therapy:	
179 males received 766 treatments	
588 females received 2,594 treatments	
Chiropody Clinic: Number of Patients seen	424
GYN Clinic: Number of Patients seen	1,130
Optical Clinic: Number of Patients seen	341
Out-Patient Clinic (Psychiatric Consultations):	
Number of interviews (Ex-patients on C.D.)	1,991
Outside Referrals	552
Laboratory: Number of tests made	12,375
Physiotherapy: Number of treatments	25,433
X-rays taken	4,237
Number of deaths	199
Autopsies performed	43
Percentage of Autopsies to deaths	21.6%



Optical Clinic

Nursing Service

In January 1962, plans were effected that altered the internal structure of the Nursing Service to improve patient care, namely, "Area Supervision." We divided the service into four areas and in each area, with each tour of duty, there is a Registered Nurse responsible for patient care and supervision of the employees in that area. This affords the patient continuous care.

The above is in keeping with one of our major projects last year, that of a written "Nursing Care Plan" for each patient. Later there will be a workshop to evaluate the use of this plan and then this will become a reality for every patient.

The culmination of plans for continuous In-service educational programs has been accomplished. In-service programs are planned for each group of employees according to their responsibility.

Professional and non-professional people have participated in institutes, workshops and conferences within the local region and western region. Those who have attended conferences have conducted like meetings for the other employees here at our hospital. Two examples of this are: 1) "Workshop on Tuberculosis for Practical Nurses" and 2) "Strike Back at Stroke."

Remotivation continues to be an important program in nursing and an additional 22 employees were trained this year to strengthen this part of nursing care. We now have a full time Coordinator for Remotivation and there will be more employees trained in this technique in the near future.



New patients' orientation with Chaplain and Social Worker.

Patients residing on open wards participate in self-government through which they solve some of their problems as it pertains to every day living. They have leadership, encouragement, equipment and support to become reliable and independent people.

Increased activity, as well as therapy, for the patients requires the teaching, learning and using of additional skills. The availability of qualified individuals and the maintenance of professional nurses to teach and guide them are requisite to good nursing care which constantly demands progress for a high level of nursing care.

NURSING EDUCATION

The Nursing Education Department has maintained the following nursing educational programs provided by the hospital:

1. A National League of Nursing approved psychiatric affiliation program for fifty-three student nurses from Good Samaritan Hospital. This course provided the basic fundamental and clinical experience required by the Arizona State Board of Nurse Registration. This course also served to satisfy the psychiatric requirement needed for registration in Arizona for three graduate nurses from other countries.

2. Psychiatric-Mental Health Traineeship Program is a pre-service program for non-professional nursing personnel. The purpose of this course is to provide the experience that will enable the Psychiatric Aide Trainee to acquire the attitudes, knowledge and abilities needed to give wholesome psychiatric nursing care to patients. Forty-six individuals have completed this eleven-week course.

   This course was made available to other departments and six individuals, newly employed in Rehabilitation, completed the course of study.

   A planned screening process is used in selecting persons for the Mental Health Traineeship.

3. Our clinical facilities were used by Arizona State University, University of Arizona and Phoenix College Nursing Students to provide Psychiatric Nursing experience. These schools furnish instructors for their students and it is by a cooperative participation of Nursing Service and instructors that programs have been planned and executed.

4. An Advanced Course for Psychiatric Aides will be initiated in September, 1962. This course is planned to enrich aptitudes, to perfect skills, to improve competence, and to develop therapeutic abilities that reflect current trends in Mental Health Nursing.



Hospital personnel assisting high school groups in connection with Career Day.

Nursing Education has cooperated in the many clinics and workshops presented in this area.

The Medical Library, staffed with a full-time librarian since May 1, 1962, is being utilized by many more of the personnel. Students in the various colleges and universities are finding it a source of information not available elsewhere.

Social Service Department

The Social Service Department helps the patient resolve familial and other social problems which interfere with his social recovery and functioning in the community. This service begins immediately with the Psychiatric Social Worker's first interview with the patient and in the first contact with the patient and in the first contact with the family. Patients on the continued treatment service with many years of hospitalization, whose contact with family and community has been reduced or severed, require careful preparation for their discharge. The interpretation by the Social Service Department of the needs of the patient and the family during the period of the patient's hospitalization and his convalescence to the local health, welfare and other agencies has resulted in a coordinated community effort in assisting a greater number of patients to resolve their problems and re-enter into the general life of the community. The Social Service Department provides the liaison between the Hospital and the other agencies in the community.

SERVICES TO PATIENTS IN THE HOSPITAL

1,198 SOCIAL and DEVELOPMENTAL HISTORIES

755 INTERVAL HISTORIES (Readmissions and Returns from Conditional Discharge)

818 DISCHARGES (Plans completed)

796 CONDITIONAL DISCHARGES (Plans completed)

203 BURIAL ARRANGEMENTS

It is our philosphy that discharge planning begins at the time of the patient's admission to the Hospital. The concentration of activities in the Department fall into three phases: 1) services to patient and family upon admission 2) services to patient and family during hospitalization where social problems interfere with treatment, and 3) services to patient in discharge planning which may utilize other community resources.

The Social Service Department provided services for 1,953 admissions and arranged for 1,030 discharges from the RECEIVING AND INTENSIVE TREATMENT SERVICE. With the trend toward shorter hospital stay, patients and families are in need of immediate services in order that the social stresses which aggravated the patient's condition can be alleviated or removed in preparation for the patient's return to the home.

In addition 430 patients on the CONTINUED TREATMENT Service, who had been hospitalized for an extended period of time, were again able to return to their homes or their communities. Many of these long term patients had lost contact with family, friends and employers. The Social Service Department assisted the patient to make the transition from the shelter of the Hospital to a more independent life in the community through counseling with the patient, arranging for housing, preparing the family for the patient's

return, referral for employment or vocational training, and to the public or private agencies for other health and welfare services. The number of Continued Treatment patients who returned to the community shows an increase of 62% over the previous year.

Preparation of the GERIATRIC patient to return to the community involves many hours of the Social Worker's time. The success of the patient's placement depends upon the preparation of the patient for the placement through interviews, as well as careful interpretation of the patient's needs to the family or the sheltered care of nursing homes where the patient may reside. This year 155 patients were discharged from the Geriatric service.

In 1956 a special program involving the services of other community agencies was initiated in order to assist the Geriatric patient to find a place in the community. In the past, their discharge had been prevented due to a multitude of financial, social, health and other problems. To meet the need of the aged person, who is in need of sheltered care, this Department encouraged the development of such facilities. To date, as a result of this concerted effort, 500 patients were given the opportunity to return to a life outside the Hospital. The percentage of returns was approximately 14 per cent.

OUT-PATIENT SERVICES

This Department functions as a liaison between the Out-Patient Clinics, family, physician, and the local health, welfare and rehabilitation agencies in assisting patients in their readjustment during the convalescent period.

Referral Summaries Prepared:

558 Arizona State Hospital Out-Patient Clinic, Phoenix

188 Arizona State Hospital Out-Patient Clinic, Tucson

27 Yuma Guidance Clinic, Yuma

8 Cochise County Health Service, Bisbee

159 Private Physicians

142 Health and Welfare Agencies of local communities

This Department obtains the reports for medical review and carries out all necessary procedures for the extension or termination of Conditional Discharges. Three hundred and twenty patients were given a complete discharge from the conditional status.

INTERSTATE ACTIVITIES

This Department initiates and replies to correspondence received from other state hospital systems regarding residency and clinical information. Arrangements are made for the transfer of patients to other State Hospitals, to Veterans Administration facilities, and for the return of Arizona residents.

1,198 Patients' residences were investigated.

162 Requests for residency verification were forwarded to other states.

81 Non-resident patients were discharged to return to their state of legal residence.

80 Patients were discharged and transferred to Veterans Administration facilities.

118 Transfer Summaries were prepared to accompany patients.

6 Arizona residents were received from other states.



Mr. Philip L. Gordon, Director of Social Service, addresses a group of Public Health Nurses, attending an institute as part of their in-service training.

COMMUNITY RELATIONS

As indicated throughout this report, the Social Service Department has conferred, interpreted, and encouraged community agencies to assume the responsibility for providing services to our patients during hospitalization as well as during the period of adjustment in the community. The State Department of Public Welfare has given us excellent cooperation through their local offices. Without the assistance of the Department of Public Welfare, our Geriatric program would have been seriously curtailed. At this time their Social Workers visit their client-patients at the Hospital to help the patient maintain family ties. A greater number of patients will be better able to utilize Hospital treatment and return to an improved environment because of the combined effort of both the Hospital and the State Department of Public Welfare.

The State Department of Vocational Rehabilitation has actively pursued a program of developing new training opportunities for our patients. At the present time, on-the-job training opportunities for the long term patients are being developed.

The Arizona State Employment Service has continued to provide an excellent service to our patients who are about to be discharged.

The Family Service Association, the Catholic Social Service, the Jewish Social Service, the Salvation Army, the Visiting Nursing Service of Phoenix, the Maricopa and Pima County Mental Health Associations, the Bureau of Indian Affairs, the United States Public Health Service, the United States Department of Social Security, the Veterans Administration: all of these agencies have expanded their services to the patient and the family. There have been improved cooperation and services extended to the conditionally discharged patient by all the County Hospitals.

142 Patients received follow-up services from their local health and welfare agencies.

38 Patients received training and other services from the Department of Vocational Rehabilitation.

80 Patients received counseling or job placement through the Arizona State Employment Service.

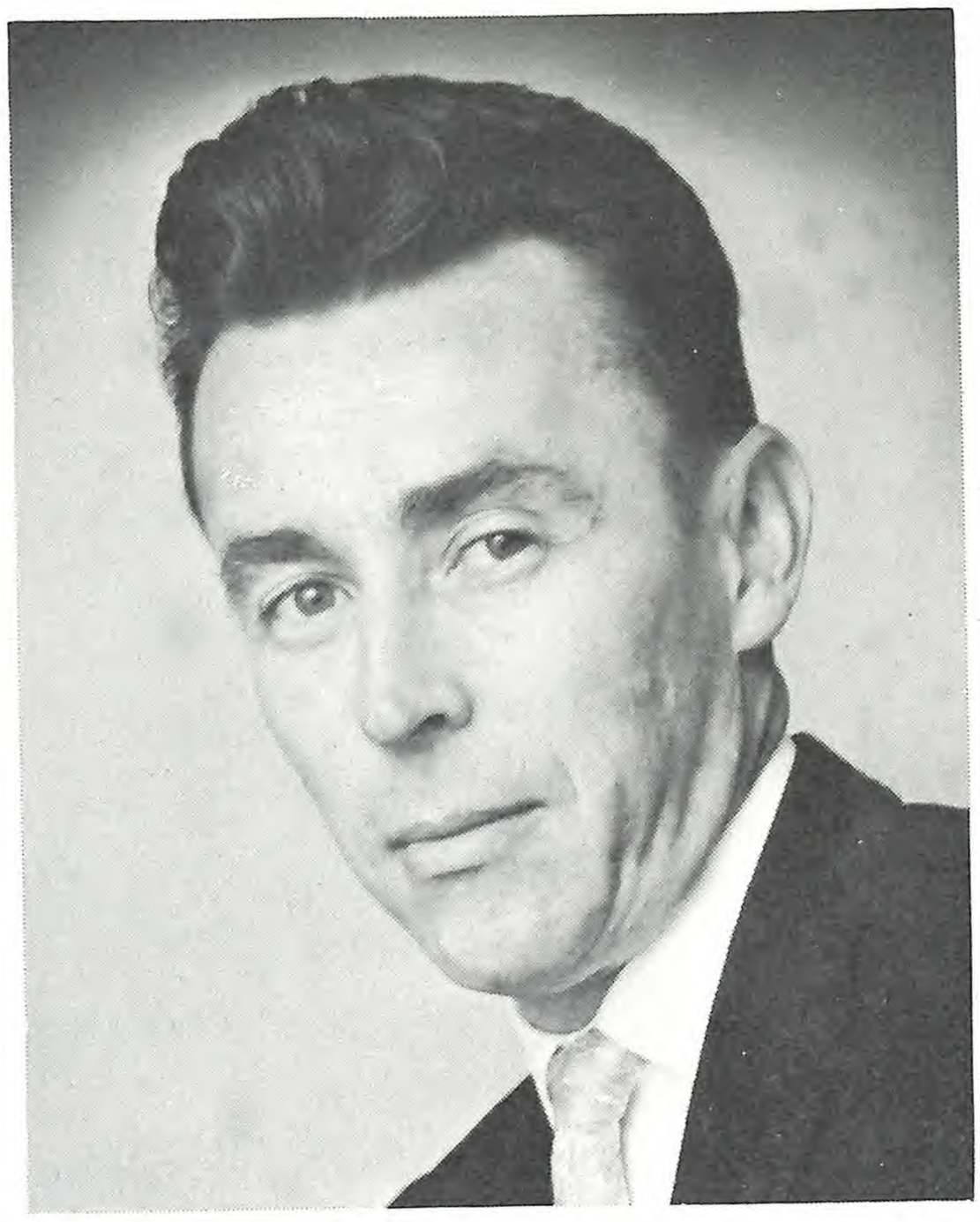
The individual members of the Department have been active in professional organizations and lay groups, serving on planning committees and holding offices in the North Central Chapter of the National Association of Social Workers, and in the State Conference on Social Welfare. The Director of the Department was co-chairman for the 1961 North Central Regional State Conference on Social Welfare, is a Social Work Consultant to the Arizona State University School of Nursing, and is an active member on various committees of the Community Council serving Maricopa County.

FUTURE PLANNING

The Social Service Department program is affected by the steady growth of our admission and discharge rate. Additional Psychiatric Social Workers are needed to maintain and improve our service in both the Hospital and Out-Patient Clinic.

We are encouraging health and welfare agencies to include in their in-service training program institutes conducted by our Hospital Staff. This will acquaint their staff with the treatment program of the Hospital.

Southern Arizona Mental Health Clinic



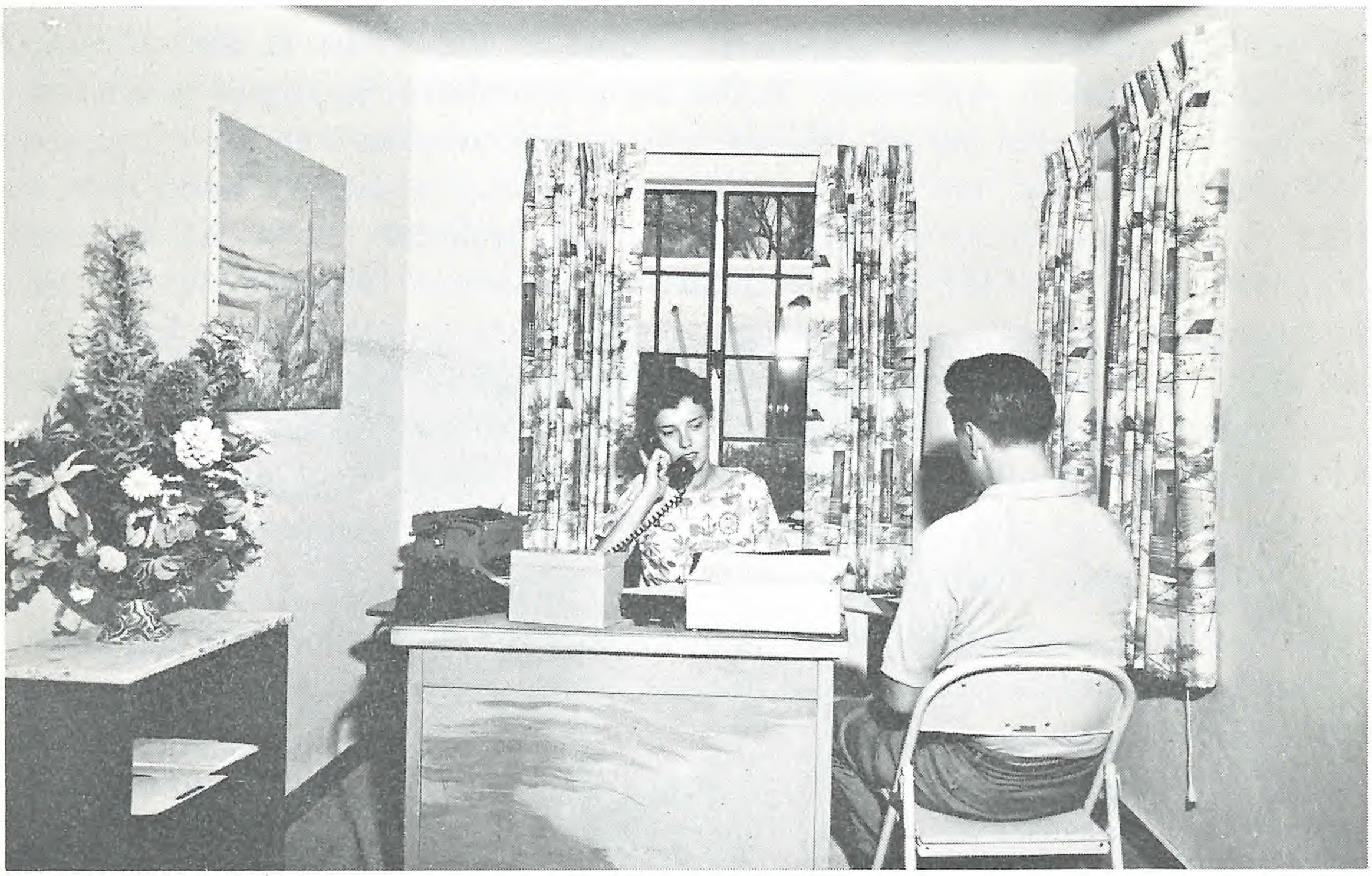
Dr. Robert Shearer, Director of Tucson Out-Patient Clinic and the Southern Arizona Mental Health Clinic.

The cooperative efforts of the Arizona State Hospital, the University Arizona Department of Psychology, and the Pima County Association for Mental Health have made it possible to establish the Southern Arizona Mental Health Clinic, which was formally opened to the community on November 20, 1961, at Tucson. The Clinic was the first facility within the State designed specifically to provide comprehensive out-patient psychiatric service to those adults unable to afford private care, and it represents a significant achievement in the expanding mental health program in Arizona. The ultimate aim of the participating groups is to develop a Mental Health Center at a local level, where all types of psychiatric services short of complete hospitalization will be readily available to this segment of the rapidly increasing population. The inception of the Clinic has, therefore been a major step in their long range drive to bring the most effective means of preventing and treating mental illness to those who previously have lacked resources to obtain these benefits.

Active and enthusiastic general support has enabled the original plans for the Clinic project to materialize quickly. Financial backing is derived from three main sources, with the bulk obtained from a special State Hospital budget and a United States Public Health Service grant to the University. In addition, the Mental Health Association has contributed substantially in covering operating expenses and in meeting other needs. A grant-in-use through the Max T. Heller Foundation provided a location for the Clinic in a motel at 3418 South Sixth Avenue in Tucson, which was completely renovated, furnished and equipped through the joint endeavors of members of the Association and personnel of the Hospital. The Clinic uses a sliding scale of fees for services rendered, with charges made to eligible patients determined by income, the number of dependents, and other considerations. All assets from this source are turned over to the Mental Health Association for use in paying some of the Clinic's expenses.

The organizational structure includes a Governing Body consisting of a representative member of each of the three participating groups, who have supervised and facilitated the Clinic's progress, and the staff is headed by

by a psychiatrist director. In order to integrate the functions, routines, and procedures of the Clinic with those of the previously established Tucson Out-Patient Clinic, there has been a free interchange of full-time personnel between the units, with assignments of duties in both. This portion of the total staff of the two Clinics, in addition to the Director, includes two psychiatric social workers and three secretaries. Additional staff at the Southern Arizona Mental Health Clinic, serving primarily in a part-time capacity, is drawn from the University and consists of two psychologists, an anthropologist, and three psychology student trainees. Consultant services are obtained from practicing psychiatrists and faculty members. A volunteer organization utilizing members of the Mental Health Association has been instituted to supplement the existing secretarial staff, and several dedicated women regularly donate their time to act as receptionists and to assist with typing and bookkeeping.



A volunteer worker at the Southern Arizona Mental Health Clinic Interviews a referred patient before he is assigned to a staff member.

The primary purposes and aims of the Clinic embrace the areas of psychiatric diagnosis and treatment, research and development, and education. It thus becomes the responsibility of the staff to provide a variety of services to the Southern Arizona community, notably in evaluating and treating on an out-patient basis emotionally disturbed persons over eighteen years of age, whose incomes preclude private care, and by completing consultations for other agencies. Establishment of research as an integral part of the clinical program is particularly desirable as a means of enabling staff members to study general and specific problems in the population groups which they

serve, in order to enhance the efficiency and effectiveness of their performance. Their role in the promotion of student training and professional and lay education in the mental health field through formal teaching and participation in work-shops, institutes and conferences is clearly defined.

Concerted effort has been devoted toward developing a total program which will encompass these objectives and yet which will allow the highest standards and quality to be maintained, in spite of current staff limitations. Although an attempt has been made to give as much service as possible, considerable emphasis has been placed simultaneously upon determining the solid and workable foundation which can support not only its present structure, but the eventual one as well. Adequate means of maintaining records and statistics have evolved, policies have been formulated, and procedures vital to the organizational functioning have been devised.

A routine process for handling referrals has been formalized, and during the first six months of its operation, a total of 182 "Patient Units" were seen for psychiatric evaluation, either as individuals, families, or married couples. Early in this period, the majority of patients came to the Clinic on a self-referral basis, but gradually there has been a marked trend toward referrals from practicing physicians and other agencies, as it has become better established. Of the group evaluated, 44 selected "Patient Units" have been accepted for treatment, the scope of which has included individual psychotherapy, group therapy, family therapy, medication, and group therapy for married couples in which mental illness in one spouse is a contributing factor to adjustment difficulties. Initial investigational studies of the characteristics of the local population have been started, and a number of research hypotheses is being considered.

All of the professional staff have contributed their time and energy to various educational endeavors and become active participants in professional and lay organizations.

By securing consistency and uniformity of methods and procedures of the Tucson Out-Patient Clinic with those developed at the Southern Arizona Mental Health Clinic, and by fostering the familiarity of all personnel with the present functions of each, the two Clinics have begun to work as a single entity. Their smooth integration will be possible as soon as geographical separation is no longer necessary, and this represents the next major goal in the development of the overall project.

In February of 1962, the Legislature voted an appropriation which made possible the purchase of centrally located property in Tucson, which is suitable for renovation and remodeling into the Southern Arizona Mental Health Center. The new facility is expected to include the integrated Clinics, a Day-Care Center, and a Half-Way House, allowing a much broader and more comprehensive program, in accordance with the needs of the community and the objectives of the founding organizations.

Tucson Out-Patient Clinic

In its third year of operation the Tucson Out-Patient Clinic has maintained its earlier progress in providing active follow-up care to discharged Arizona State Hospital patients residing in the southern Arizona area. This period has brought a significant increase in the number of persons seen and in services rendered in the Clinic, as well as an extension of types of functions performed by the staff. Although the general program has remained fundamentally unchanged, a number of modifications have been brought about by the establishment of the Southern Arizona Mental Health Clinic in November of 1961. The Psychiatrist Director of the Southern Arizona Mental Health Clinic has also been named Director of the Tucson Out-Patient Clinic, and there has been a sustained effort to correlate the programs of the two units in order to facilitate their ultimate integration into a single all-purpose psychiatric clinic for adults. Full-time personnel have assignments and responsibilities in both Clinics, and policies and procedures have been developed with the aim of enhancing the eventual unification of the two facilities.

It is now possible to have a psychiatrist in the Clinic four half-days per week, thus doubling the previous medical coverage. Even greater emphasis has been placed on providing services to patients from this area and to their families, before, during, and after the period of hospitalization. More active



A consulting Psychiatrist at work in the Tucson Out-Patient Clinic.

participation with relatives, who find it difficult or impossible to go to Phoenix,. for example, and working more closely with Hospital personnel in developing discharge plans while patients are still in the Hospital, have been to the benefit of all concerned and especially to the patient. Increased contact and discussion of mutual problems with other agencies in the community have fostered greater cooperation on their part in helping to re-establish the former patients, as well as in other ways.

The University of Arizona Nursing student program of home visits to Clinic patients has remained effective in allowing the students a valuable experience in dealing with psychiatric patients in their home environments and in giving the patients and their families a personal contact which would not be possible otherwise. The students are under the direct supervision of the University School of Nursing, but additional guidance has been available to them through the staff of the Clinic.

Primary consideration is focused on enabling former Hospital patients to readjust after their illnesses, and the majority of time is therefore spent in interviews with them or with their families. Of 364 Pima County residents released from the Arizona State Hospital during the year, a total of 149 or 40.90 percent, availed themselves of the Clinic's facilities. This group, plus the previously discharged patients, who have continued contact or treatment, constituted an average monthly case-load of 202 patients. Interviews conducted by the professional staff are represented in the following figures:

	COND. DISCH. PATIENTS	COMP. DISCH. PATIENTS	RELATIVES	OTHER
Psychiatrist	732	275	117	19
Psychiatric Social Workers	490	151	174	82

During the next year it is expected that the Tucson Out-Patient Clinic will become part of the Southern Arizona Mental Health Center, as the State Hospital continues its program of providing more comprehensive psychiatric treatment to the population of the State.

Psychology Department

The activities of the Psychology Department during this fiscal year follows a pattern similar to previous years. Three hundred and eighty-nine Psycho-diagnostic examinations were performed, and a total of 561 Group Therapy sessions and 428 Individual Psychotherapy sessions were given. In addition, 84 lectures and talks were offered by the Department.

Altogether eight practicum students from Arizona State University spent half of their time administering psychological tests and participating in group therapy for the first time.



PHOTO BY BUD DE WALD

Group therapy is conducted by chief psychologist Dr. Paul Brewer.

In addition to the regular group therapy, a lecture series on Child Raising Techniques was undertaken by the Psychology Department, utilizing the services of a Home Economics teacher from the Phoenix Union High School System. This lecture series was enthusiastically received by the patients.

In addition to its other responsibilities, the Psychology Department undertook the administration of a Continued Treatment ward based on therapeutic community principles, with the stress on rehabilitation. This new venture in ward administration stressed work as a first contact with reality, responsibility through active ward government, and assumption of increased duties for patients. For example, groups of visitors were introduced to Pa-

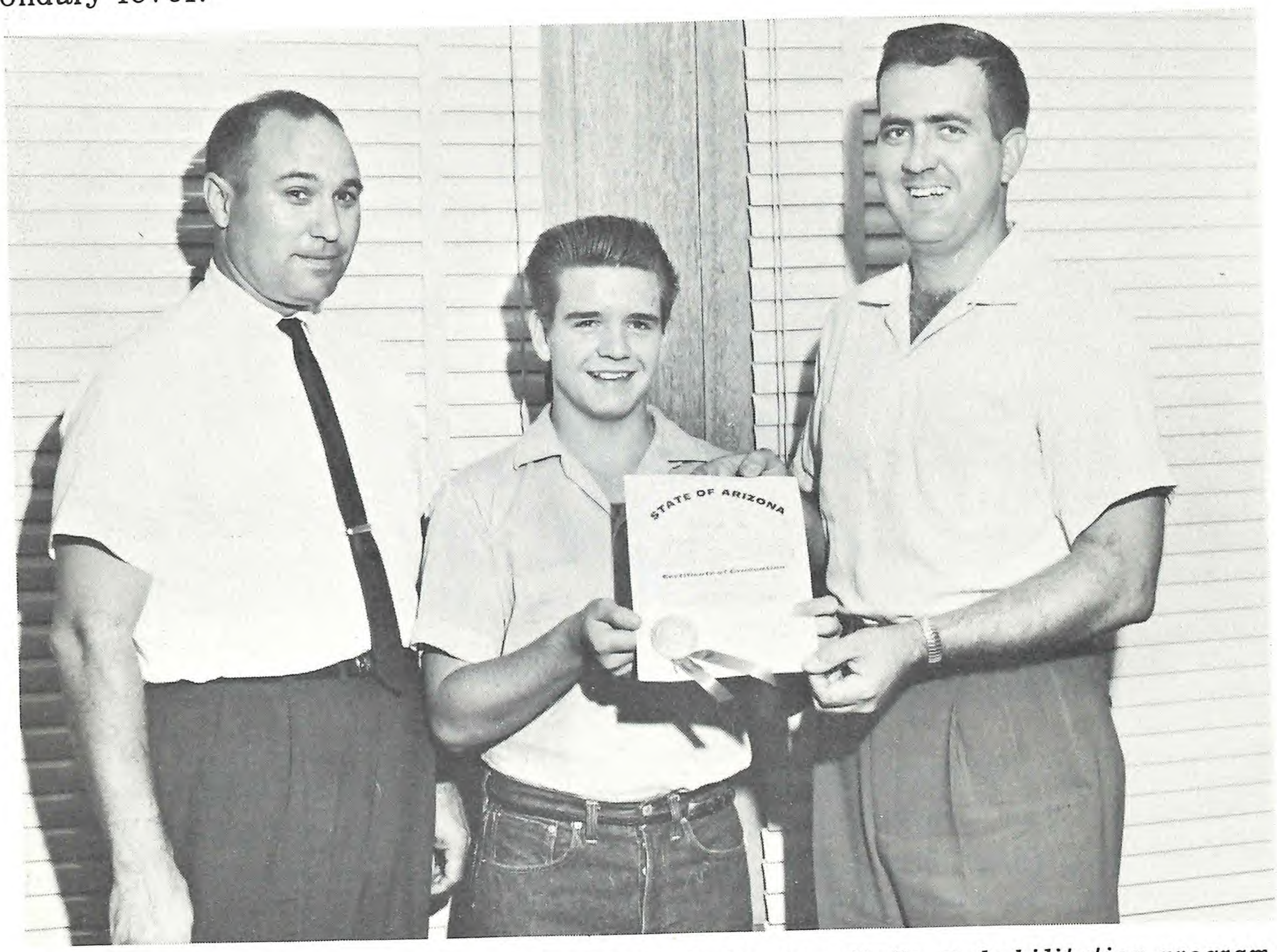
tient Panels who discussed in front of them the feelings of the hospitalized patient and the problems which he or she encounters. This increased stress on activity has already produced a high rate of discharges and a rather low returning rate.

SPECIAL EDUCATION PROGRAM

This is the first complete fiscal year for the Special Education Program at the Arizona State Hospital. This program has been financed by the Mental Health Foundation in cooperation with the Hospital.

This year has seen more emphasis on the classroom instruction and a further attempt to integrate this program into the hospital procedure although, as previously, a great deal of outside work was done in order that the program be accepted by educational circles throughout the state.

Acceptance was gained when an eighth grade Certificate of Equivalency was issued one of the students through the cooperation of the State Department of Public Instruction. We are naturally extremely proud of this, our second graduate; the previous graduate receiving his certificate on the secondary level.



Mr. Don Leber, right, Educational Instructor in the hospital's Rehabilitation program, presents a diploma to the first student to complete his eighth grade education while at Arizona State Hospital. The diploma was provided by Mr. Floyd J. Baribeau, left, Director Special Education, Department of Public Instruction.

Statistics surrounding the juvenile population of the Hospital have changed since the last annual report. The figures show a decrease in length of time

spent in the Hospital and average age. Separate information has been compiled for the juvenile Hospital population as a whole and only those attending classes. The figures are as follows:

Average age of all juveniles in the Hospital	16.6 years
Average length of stay for all juveniles in the Hospital	115 days
Average length of stay for those juveniles 16 years of age and under	72 days
Average length of stay for those juveniles 14 years of age and under	88 days
Average age of students enrolled in the Educational Program	14.6 years
Average length of stay for students	132 days
Average length of stay for students 16 years of age and under	98 days
Average length of stay for students 14 years of age and under	105 days

A breakdown of the Educational Program on a monthly basis is contained below:

	JUVENILES IN HOSPITAL	JUVENILES IN PROGRAM	ADULTS IN PROGRAM	TOTAL IN PROGRAM
July	39	11	10	21
August	38	9	11	20
September	37	8	11	19
October	44	8	22	30
November	42	10	17	27
December	37	11	14	25
January	37	10	18	28
February	39	6	28*	34
March	48	8	22	30
April	42	8	20	28
May	44	10	21	31
June	40	13	25	38

*This included Shorthand classes and an English Review class given at this time.

It is obvious from the above figures that the number of juveniles in the program does not bear a relation to the number of juveniles in the Hospital. The fact that the instructor is the sole individual in the Educational Program puts definite limitations on his time and the amount of area that can be covered. It is hoped that with the overall growth of the Hospital, additional personnel can be added to the Special Education Program. The fiscal year has seen the following breakdown regarding the diagnoses of those children in the Educational Program:

Chronic brain disorder	7
Psychotic disorders	6
Personality disorders	13
Transient situational personality disorders	2
Mental deficiencies	5

(One child had not been diagnosed as of this report.)

A total of 34 juveniles participated in the Special Education Program during the year. This was compared to 134 juveniles that entered, were released from, or are presently in the Hospital. Ninety-three individuals were enrolled in Typing Classes; 13 patients took advantage of the Shorthand Classes offered by the Gray Lady volunteers and six individuals took advantage of the services offered by a retired mathematician to discuss mathematics once each week.

While the surface has only been scratched, it is felt that the Educational Program has been established on a rather firm and sound principle. Many problems are still unsolved. New ones will most certainly appear. This is only to be expected. It is most important that a philosophy be developed, not only by the instructor of the Special Education Program, but also by those individuals in the Hospital that come in contact with the juveniles who are in our care. The thought uppermost in the philosophies surrounding the Special Education Program should be one of giving all aid possible to any patient, either juvenile or adult, at any level, realizing the limitations that would naturally be encountered in a program of this type. Basically, the ideas, thoughts and philosophies surrounding the Special Education Program should be no different from that philosophy which surrounds the entire hospital community; that is, giving the most help possible to our patients.

We have barely scratched the surface in what can and should be done regarding our Educational Program. Some problems have been solved, many remain and new ones arise with seemingly increased frequency. The goal will always be to provide a better Special Education Program for the patients of Arizona State Hospital.

Chaplain's Report

The Hospital attempts to provide a religious ministry consistent with each patient's affiliation or preference, which is obtained at the time of admission to the Hospital. These religious activities are coordinated by a full-time Chaplain who has received specialized training for this type of ministry. The patient's clergyman is encouraged to maintain contact with the patient consistently during hospitalization. When this happens, the community religious ties have a meaningful part in rehabilitation plans for the patient's release from the Hospital.

A periodic check has been made of the number of patients expressing a preference for, or affiliation with, various religious groups and denominations. The percentage has remained consistently as follows: 54% Protestant, 31% Catholic, 4% Latter Day Saints (Morman), 1% Jewish, and 10% unknown. A monthly schedule is posted on each ward notifying the patients about regular services provided for each of these religious groups.

The various religious group activities have been provided in the Hospital auditorium or other areas as the specific need is indicated. A Chapel has been needed for some time and many have expressed interest in it for the past ten years, contributing small amounts to a Chapel Fund. Definite plans are being made for the construction of the Chapel within the near future.

A face-to-face relationship is attempted in the religious program since all healing involves fellowship. It is necessary to do this through group activities as much as possible because of limited personnel. And yet, some needs are better satisfied through groups rather than through individual contact. A religious message must be interpreted through varied methods to satisfy these varied needs: some need to discover that life can be enjoyable when viewed from a religious point of view; others need to recover a sense of purpose for their individual lives; some need to rediscover trust or the quality of confidence; and though religion involves ideas, some need to realize that many questions cannot be answered in an intellectual manner, but emotional factors must also be considered. Individual needs are recognized through various group activities: Hospital community worship, ward devotional periods, religious discussion groups, geriatric music clubs, Hospital Glee Club, or parties sponsored by church groups.

Pastoral care in a Hospital setting involves the following varied levels of care: friendship, comfort, confession, instruction, pastoral counseling and occasionally psychotherapy. The Chaplain works as a member of the Therapeutic Team, enlisting the support of the clergy and the general religious community.

1. Administrative Policies.

   The Hospital Chaplain is in charge of this ancillary service, and is responsible to the Hospital Director. Patients are encouraged to participate in religious services and activities consistent with their

background, and within the limits of the patient's physical ability and mental illness. The Hospital reserves the right to restrict that which is considered beyond the mental or emotional abilities of the patients.

2. Patient Care.
   Worship services are provided regularly for the above mentioned religious groups. Local volunteer church groups provide special social activities regularly. Individual pastoral care is provided for the critically ill, the physically ill, the newly admitted, and others as pastoral care is indicated at the request of the patient, the Medical Staff, other personnel, or the family of the patient.

3. Personnel Relations.
   A spirit of teamwork is attempted with all departments which is facilitated through participation of the Chaplain in Staff Conferences; Ward Conferences; the teaching program with trainees, psychiatric aides and student nurses.

4. Community Relations.
   The Chaplain participates in numerous activities with church, civic, and school groups to strengthen the relationship of the Hospital with these community agencies. The second all-day Clinic for the Clergymen of the state was provided this past year. Numerous church groups have developed sustained interest in, and support of, the Hospital in various ways, both at the Hospital and in the community.



Chaplain Paul Strickland is shown counseling a patient and relative.

Rehabilitation Services



Mrs. Marjorie Hill, Director of Rehabilitation Services.

While the Rehabilitation Center was completed for occupancy in December of 1960, this fiscal year of 1961-62 is our first complete year with the expanded facilities. It has been possible to offer increased service to the patients and we believe that it has also been an improved service.

To integrate the efforts of Occupational Therapy, Recreational Therapy, Industrial Therapy, the Patients' Library and the Volunteer Program, the position of a Rehabilitation Services Director was established in August, 1961. Coordinating Rehabilitation Services with the other hospital departments is the other major function of this director.

The activity therapies have operated as individual departments for a long time, but we are making gradual progress in acknowledging our interdependence as rehabilitation workers and thinking in terms of our combined efforts as related to those of other hospital services. With weekly supervisors' meetings, we are tackling our procedural problems and arriving at better methods of operation. Plans are being completed for a uniform referral system and a uniform method of recording patients' progress in all areas of Rehabilitation Service. From procedures, we want to move toward more specific in-service training for our personnel. A limited in-service program was held for three months in Recreational Therapy this year. From this experience, it

became apparent that continuous in-service training was extremely important. Since we rely on a large share of non-professional people to carry out the program, we become obligated to provide an adequate training program for them.

While we have given increased service and need to take pride in our accomplishments in order to maintain our interest and motivation, we must also look objectively at the large numbers of patients whose contact with the rehabilitation program is so minimal that we cannot truly expect any progress toward their recovery due to our efforts. Industrial Therapy has been very effective in stimulating a large number of patients to assume work responsibilities; however, not all of our patients are well enough to work and many involved in Industrial Therapy are only able to participate for two or three hours a day. Recreational Therapy and Occupational Therapy give concentrated daily effort to the Intensive Treatment Areas, but this is not true for the Continued Treatment Geriatric Services. The meager contacts for the long-stay patients are obviously due to trying to cover a very large area with a very small staff. In the near future, we do not foresee having enough rehabilitation workers to cover every ward with a well-planned, daily program of therapeutic activity.



For the first time since the Annual Report has been published, employees and patients in the Rehabilitation Services composed and printed this Report on offset equipment used in the pre-vocational training program of the hospital.

Discussions were held with Nursing Service related to having Rehabilitation personnel give guidance to the Psychiatric aides in order to make it possible for ward personnel to direct meaningful activity for their patients. Two attempts were made to start working in this manner. While they were not successful in the way we anticipated, the attempts demonstrated clearly our need for more careful preparation before the rehabilitation worker can be used in the role of a resource person to the psychiatric aide. Merely providing equipment and projects will not assure constructive patient participation. Leadership in terms of guiding patients into successful accomplishment necessitates employees with time to give the guidance within a consistent daily schedule. The plan to work with Nursing Service toward this goal is excellent and it is one we want to pursue with more preparation in the coming year.

Referrals to the Division of Vocational Rehabilitation and the State Employment Service continue with excellent cooperation from these agencies. Employer resistance has lessened a great deal in terms of hiring an individual who has been mentally ill. The important factors are that he can do the job as well as anyone else who might apply, and that his social behavior closely resembles that of the community. Before any great increase in referrals can be expected, our efforts must be directed to our hospital rehabilitation services for the long-stay patients in terms of "readiness" programs.

For a number of years, important consideration has been given to what the patient will do vocationally when he leaves the hospital. We are beginning to direct our attention to the importance of developing sustaining avocational pursuits and introducing patients, who are still in the hospital, to community resources where they can share common interests with fellow citizens in the community. The Patients' Library and the Volunteer program, in addition to Occupational Therapy and Recreational Therapy have particular application for developing avocational goals. Since the Library became a hospital supported unit with a staff Librarian, the major concern has been to acquire and circulate needed reading materials. The assistance given by volunteers during the past winter season demonstrated some of the Library potential when there was increased help. While books can be sent to wards without difficulty, we only reach those who already enjoy and want to read. Without personal contact we cannot stimulate new readers. Reading alone is important, but discussing with others what has been read leads to knowledge that is valuable and useful. The Library could become a center for group discussions in literature and current events. Groups could read plays and poetry together or study music and art appreciation. A second Librarian is needed to develop these group interests and permit us to keep the Library open evenings and weekends, the way community libraries function.

Volunteers have participated at the hospital in many ways for the past twenty years, and it is most probable that they were at the hospital long before any records were kept. Records have always been minimal, which is

unfortunate; therefore, a method for reporting all Volunteer services has been developed for inauguration in 1962-63, putting it on a fiscal year basis with other hospital reports. In the calendar year of 1961, we are aware of 305 volunteers providing 15,541 hours of service. Occupational and Recreational Therapy, the Patients' Library and the Chaplain's Program are the areas that have used volunteers most extensively to expand their contacts with the patients.

The Volunteer Program has been rather nebulous in its organization, but slowly it is taking on a more structured form. One group orientation was given to new day-time volunteers in the Fall of 1961 and three group orientations were given to new evening volunteers. Throughout the remainder of the year as new volunteers arrived, they were individually oriented and assigned to work with various departments. Orientations for groups will be scheduled periodically throughout the coming year. It is believed that volunteers could serve in many more hospital departments as we improve methods for interviewing, orienting and coordinating the program. Most institutions are employing a full-time Coordinator of Volunteers. It is doubtful that we can fully realize the potential scope of volunteer service until we employ an individual to give full direction to their services. During the coming year, continued emphasis will go to strengthening the organization structure, enriching the orientation and methods of guidance to generally develop a solid foundation upon which we can later give attention to recruiting greater numbers of volunteers.



PHOTO BY BUD DE WALD

Classes in art work make a great contribution to the rehabilitation of some patients.

Occupational Therapy



Rock hounds at work cutting and polishing Arizona Stones in the lapidary area of Occupational Therapy.

Occupational Therapy prescriptions increased from 1,403 last year to 1,690 during 1961-62. The total number of treatments increased from 24,101 to 29,614.

A registered therapist has been added to the staff for pre-vocational evaluation. To date eight patients have been referred to this service; of these, two have been referred to the office of Vocational Rehabilitation. Three have been placed in sheltered workshops.

With the aid of Volunteer workers, we have expanded the ward program and now reach sixteen of the continued treatment wards. Ceramics was introduced to the Geriatric wards. Some of these patients functioned well with this media and results were therapeutically successful. Other patients, with physical disabilities, were able to do textile painting with good results. Several regressed patients improved after working with the ward program.

In the sewing area, we teach fundamentals of sewing as a therapeutic and training media. Some of the patients in medium and low income brackets will be able to help with family sewing needs when they leave the hospital.

We need to add a technician in photography to develop this area for pre-job training. In future expansion, Home Economics, especially nutrition, cooking classes and general homemaking are needed.

	MEN		WOMEN		WARD	
	YEARLY AVERAGE	MONTHLY AVERAGE	YEARLY AVERAGE	MONTHLY AVERAGE	YEARLY AVERAGE	MONTHLY AVERAGE
Total number of treatments	8,851	737.7	15,368	1,280.8	5,395	449.7
New prescriptions	593	49.5	794	66.2	303	25.3
Promotion to I.T. full time	224	18.8	239	19.11	47	3.11
Dispositions	230	19.2	324	27.0	42	3.6
Transferred	69	5.9	188	15.8	123	10.3
No progress	15	1.3	24	2.0	45	9.3

Daily Averages:

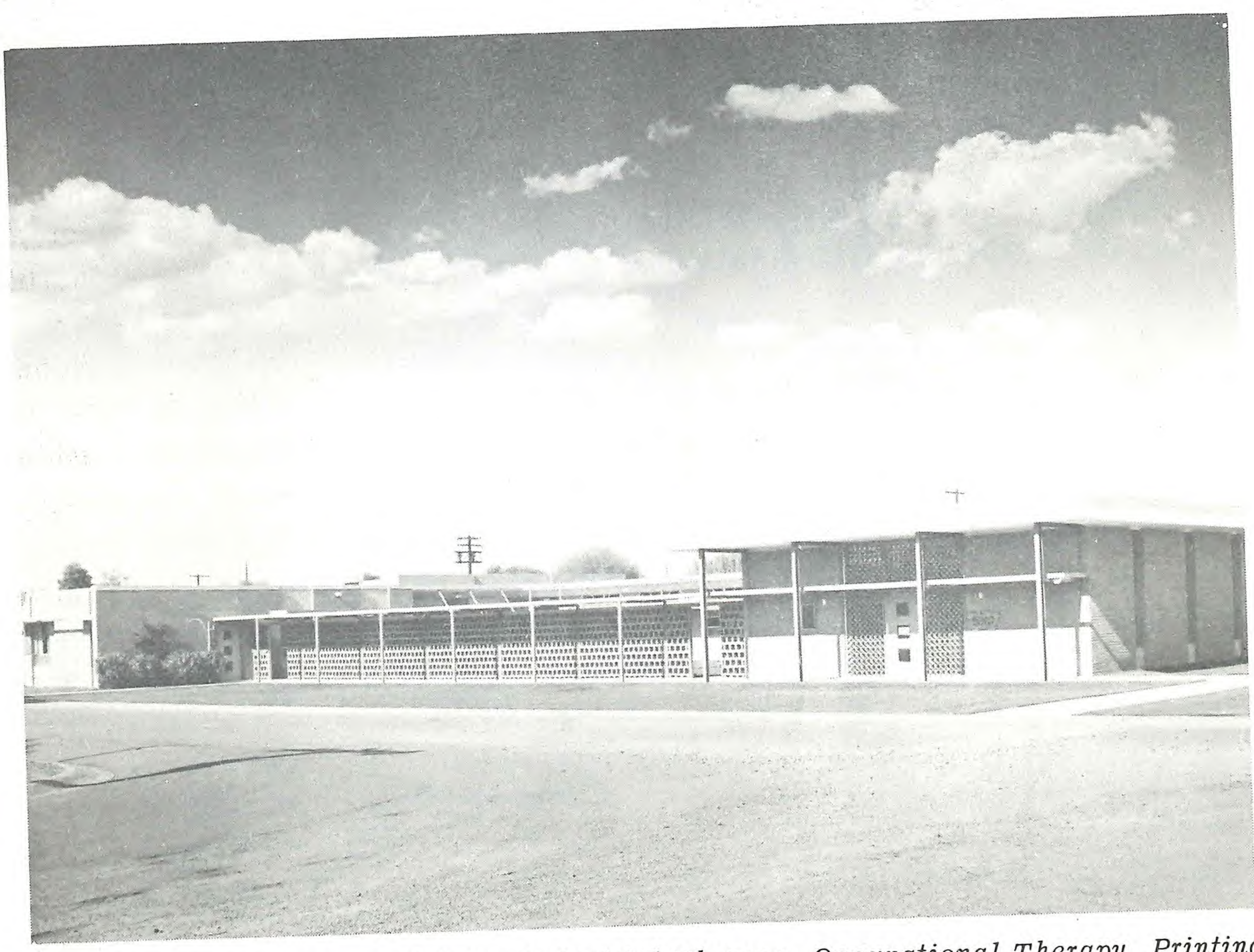
Men	34.1
Women	57.4
Ward	59.0
Total	150.5

Combined Total of Shops and Wards:

Total number of new prescriptions yearly	1,690
Total number of treatments yearly	29,614

DUPLICATION UNIT

Total copies of forms printed	924,488



Rehabilitation Center, containing Industrial Therapy, Occupational Therapy, Printing Room and Patients' Library.

The Patients' Library

In the past year, with new and improved quarters and equipment, the Patients' Library has greatly increased its service in reaching and helping the patients. The library has available for the patients, material consisting of Standard Reference books, current magazines, daily newspapers, school books, children's encyclopedia, picture books, biographies and novels.

Books which are circulated are checked out for one week; magazines that may be taken from the Library need not be returned. Books and magazines are also distributed on the wards to those patients who find it impossible to visit the Library in person.

Our patients enjoy the Library with its open shelves, special displays, and bulletin boards. Here they spend helpful, healing hours sitting at the tables reading or relaxing in the quiet friendly atmosphere.

STATISTICAL REPORT:	1961-62
Average Daily Visits	38
Monthly Average:	
Total Visits	769
Individual Patients served in Library	141
Books Checked out	445
Magazines Checked out	711



Patient's Library —PHOTO BY BUD DE WALD

LIBRARY COLLECTION

Fiction	1500
Added (Fiction)	150
Reference	50
Mysteries	200
Westerns	70
Biographies	150
Poetry	50
Reader's Digest (condensed books)	50
Book Club Collections	15
Other Categories, duplicates etc.	880
	3115



Mobile book cart is supplied from the Patients' Library before visiting ward areas.

Industrial Therapy

Expansion is evidenced in many areas in the program of Industrial Therapy. The number of patients engaged in Industrial Therapy shows an increase; the number of patients discharged from the hospital, who were engaged in industry increased from 1,242 to 1,713 and the total number of placements made in industry increased from an average of 350 to 383 per month. The average hospital census for the year was 1,716, and the average monthly case-load of patients with whom Industrial Therapy has worked was 1,216.

An assistant Industrial Therapist was added to the department during the past fiscal year. This Therapist has been engaged primarily in activating and re-activating patients on the long-term treatment wards. He has been responsible for assigning more patients and for promoting many patients from a lower to a higher level of work, according to their capacity, as their emotional condition improves. Additional help has increased the program of testings and pre-vocational evaluation, contributing toward the over-all rehabilitation program.

The new Director of Rehabilitation Services has been of great benefit to this department since there is better integration of Recreational, Occupational and Industrial Therapy and thus has made our work more effective. The Director has also been able to work closely with patients referred to Vocational Rehabilitation and Arizona State Employment Service, which the Industrial Therapist had been doing heretofore. This has made it possible for the Industrial Therapist to work more closely and much more effectively with individual patients.

The program of Industrial Therapy has continued to prove its value therapeutically and economically. More could still be accomplished with the following expansions:

1. A third therapist working in the department would be a great asset. There has been and will continue to be an increase in the number of patients each year.

2. It is necessary to expand present industrial positions for patients. We are finding it difficult to provide enough positions to accommodate the number of patients available for specific assignments. Expansion is especially needed in Engineering, where additional personnel would allow an increase in the number of assignments, pre-vocational training, teaching, and evaluation, with more individual supervision. Facilities offered by the Library could expand, enabling patients who are assigned to the Library for possible pre-vocational evaluation, training and greater cultural development to retain their skills in the are of higher learning with more aesthetic qualities than other industrial assignments offer. The expansion of the Library facilities to the wards would be of value, so that patients unable to leave closed wards would have books available to keep them interested and

motivated. Expansion of the physical structure of the Beauty Shop to accommodate more patient assignments, would be helpful.

3. There is a real need for photography which would afford pre-vocational training leading to job placement. Certain patients might use photography as a hobby, not necessarily as a profession, which would give them an opportunity to develop greater confidence and ego strength.
4. Specified training in such areas as sewing, mattress shop, laundry, engineering and other industrial type positions should be developed, which would relate to specific industrial positions offered in the community.
5. More group work planned through the Industrial Therapy Department is needed. These groups would emphasize progress on the part of the patient toward work adjustment in the community. Heretofore the the Industrial Therapist could not afford the time to do group work.

Vocational Rehabilitation has participated in our hospital rehabilitation program more effectively during the past year. The team approach and coordination of the department of Vocational Rehabilitation and the Arizona State



A patient in the kitchen of the hospital Coffee Shop ready to prepare a short order as part of his rehabilitation in Industrial Therapy.

Employment Service has promoted more efficient methods of handling patients eligible for job placements and more selective screenings of patients. Familiarity with the needs of the hospital through experience has also been a factor in better and more effective planning for placement in jobs outside of the hospital for our patients in the rehabilitation program. Fifty-three patients moved from Industrial Therapy to job placements in the community through Arizona State Employment Service. Twenty-six patients were placed in vocational training through the Division of Vocational Rehabilitation.

STATISTICAL REPORTS:

	TOTAL FOR YEAR	AVERAGE FOR MONTH
Average hospital census for the year	1716	
Percentage of patients in Industrial Therapy	71%	
Number of patients discharged	1500	125
Total number of individual patients placed in Industry	3551	295
Average monthly case-load		1216
Total number of new assignments	1703	141
Total number of re-assignments	2908	242
Total placements made	4611	383
Total patients tested	40	

DIVISION OF VOCATIONAL REHABILITATION

	TOTAL FOR YEAR
Applications accepted by D.V.R.	62
Placed in training	26
Placed in Physical Restoration	12
Placed in employment after counseling and/or training	7
Placed in Interrupted Status	2
Closed in employment	11
Closed for other reasons	28

ARIZONA STATE EMPLOYMENT SERVICE

Total number placed in employment	53

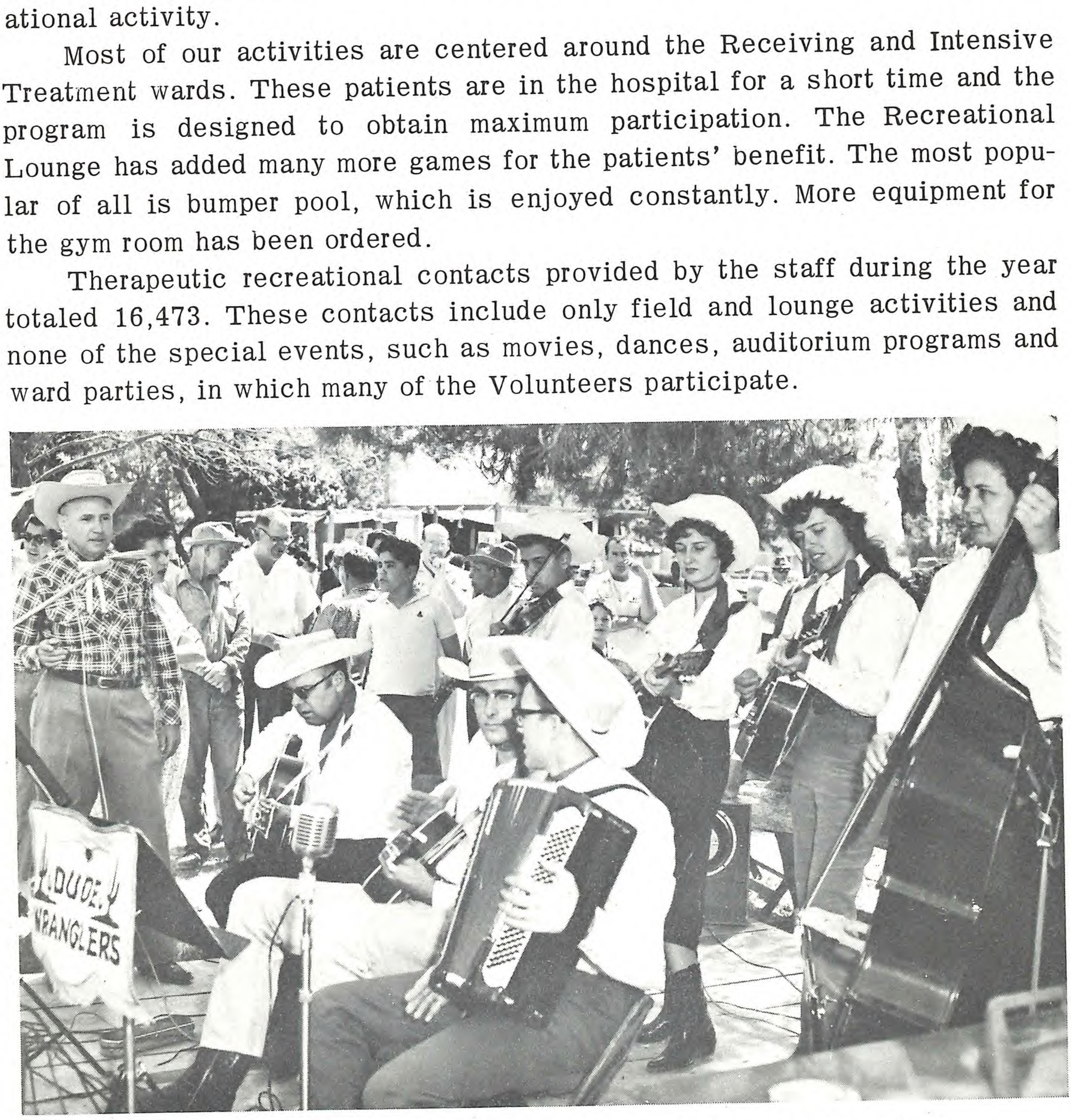
Recreational Therapy

Recreational Therapy can be considered psychiatric treatment using social-recreational media; activities that are pursued for the pleasure of doing them, as an aid to improving mental health. Whether it takes the form of active sports, quiet games, music, dancing or personal hobbies, it is a necessary ingredient of the full and rich life. Recreational activities teach cooperation, team work and the practice of fair play and courtesy. They also develop friendships, mental alertness and respect for others.

Looking back through the years, the department has made considerable progress. Our staff consists of three Recreational Aides, three Therapists, two Recreational Trainees, a Supervisor and a Director. With this number of employees, we are able to provide all of the wards with some form of recreational activity.

Most of our activities are centered around the Receiving and Intensive Treatment wards. These patients are in the hospital for a short time and the program is designed to obtain maximum participation. The Recreational Lounge has added many more games for the patients' benefit. The most popular of all is bumper pool, which is enjoyed constantly. More equipment for the gym room has been ordered.

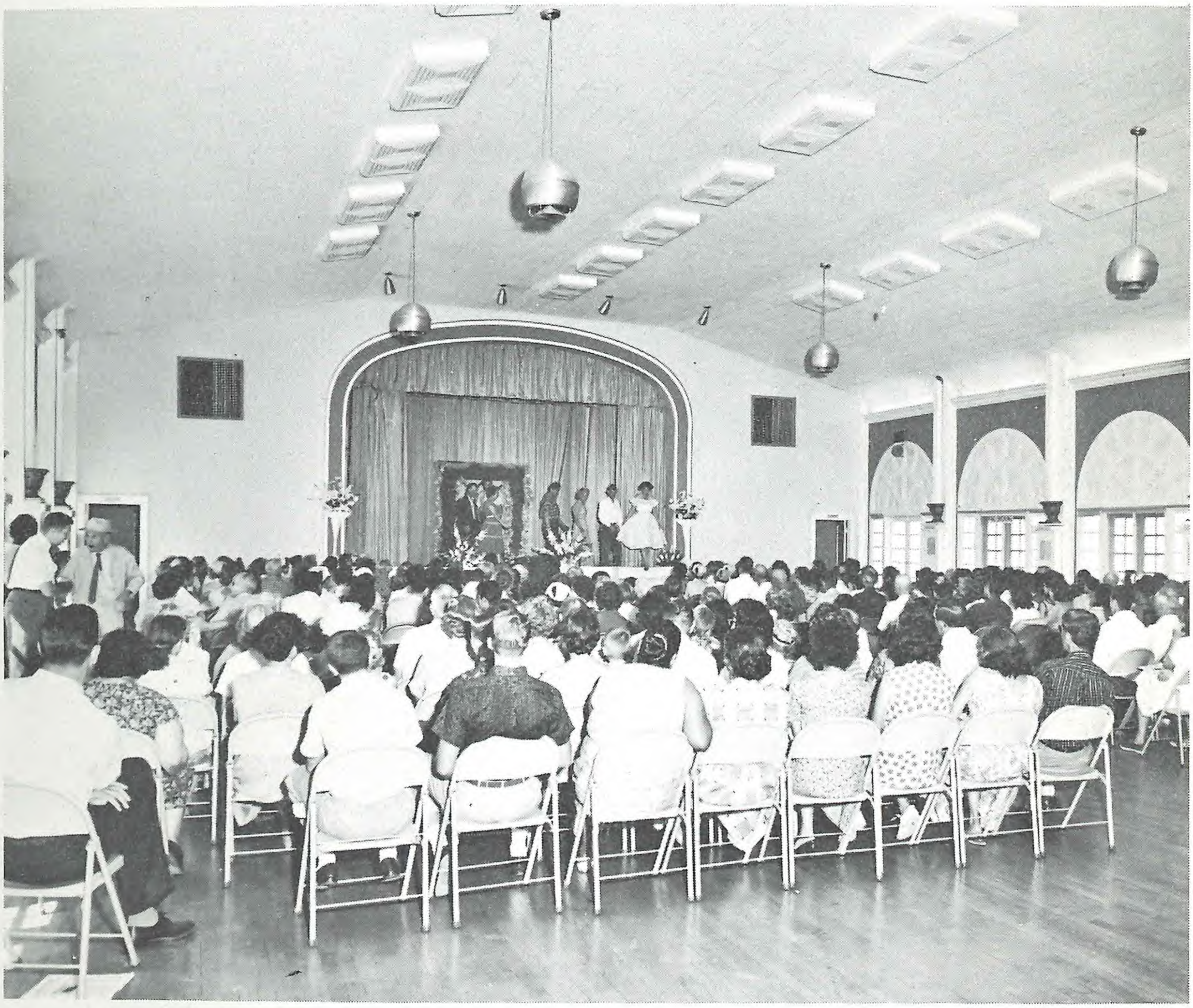
Therapeutic recreational contacts provided by the staff during the year totaled 16,473. These contacts include only field and lounge activities and none of the special events, such as movies, dances, auditorium programs and ward parties, in which many of the Volunteers participate.



Professional entertainers play at the patients' annual carnival.

There are special activities throughout the year for patients who are active in Industrial Therapy; all-day picnics to various spots of interest and attendance at the State Fair. This year, two picnics were held at Friendly Pines in Prescott and one in Sedona. Three hundred and eighty-six patients thoroughly enjoyed the bus trips as well as the fun of the mountain picnics. It was possible for 486 patients to have an all-day outing at the State Fair, where their mornings were spent on the midway and the afternoons visiting the various exhibits, including the Grandstand Show.

During the year, our staff worked with 15 Volunteer Groups who provided various ward and auditorium programs; recreational games, parties, demonstrations in hair-styling, musical shows and amateur theater productions. The Christmas season was celebrated with festive parties on every ward, provided through the combined efforts of community volunteers, Chaplain Strickland and the Recreational Therapy staff. On Christmas day, every patient received a gift of his choice and a Christmas sack of fruit, nuts and candy.



Patients present a Fashion Show to the visitors during Open House for Mental Health Week.

Our Annual Carnival on April 29th was a huge success. This day was also "Open House." As an added attraction for the public, the patients

presented a Talent Program in the auditorium. An afternoon and evening performance were given to a capacity house. The afternoon show was honored by the presence of Governor Paul Fannin, who spoke to the patients and visitors.

Seasonal activities included swimming weekly, field nights and various trips in the summer, while the fall-winter season featured attending concerts, ballets, ball games and the Ice Show. The off-campus events serve to acquaint the patients with community cultural and recreational resources.



Hospital patients are treated to a cool dip in one of the Phoenix City Park Pools.

It is a known fact that no patient fails to benefit in some way from recreational activities in which he has participated, and a Recreational Therapy Department is an integral part of any psychiatric hospital. From all indications the role of the Recreational Therapist will continue to expand.



Medical Records Report

	MALE	FEMALE	TOTAL
In Hospital July 1, 1961	842	822	1,664
On Conditional Discharge	221	454	675
On Unauthorized Absence	22	14	36
Total on Books	1,085	1,290	2,375
Admissions			
First Admissions			
Commitments	392	288	680
Voluntary	84	122	206
Observations	3	7	10
Medical Certifications (Including Emergency M.C.)	171	131	302
Readmissions			
Commitments	104	99	203
Voluntary	47	81	128
Observations	2	1	3
Medical Certifications (Including Emergency M.C.)	32	32	64
Returned from Conditional Discharge	131	226	357
Returned from Unauthorized Absence	61	28	89
Total Admissions	1,027	1,015	2,042
Total Patients Treated	1,869	1,837	3,706
Separations			
Complete Discharges	485	333	818
Conditional Discharges	282	514	796
Unauthorized Absences	87	52	139
Deaths	127	76	203
Total Discharges	981	977	1,958
Discharged while on Conditional Discharge	110	210	320
Discharged while on Unauthorized Absence	25	17	42
Deaths on Conditional Discharge & U.A.	15	12	27
Total	150	239	389
Total Separations	1,131	1,216	2,347
In Hospital June 30, 1962	888	862	1,750
On Conditional Discharge	247	520	767
On Unauthorized Absence	23	21	44
Total on Books	1,158	1,403	2,561

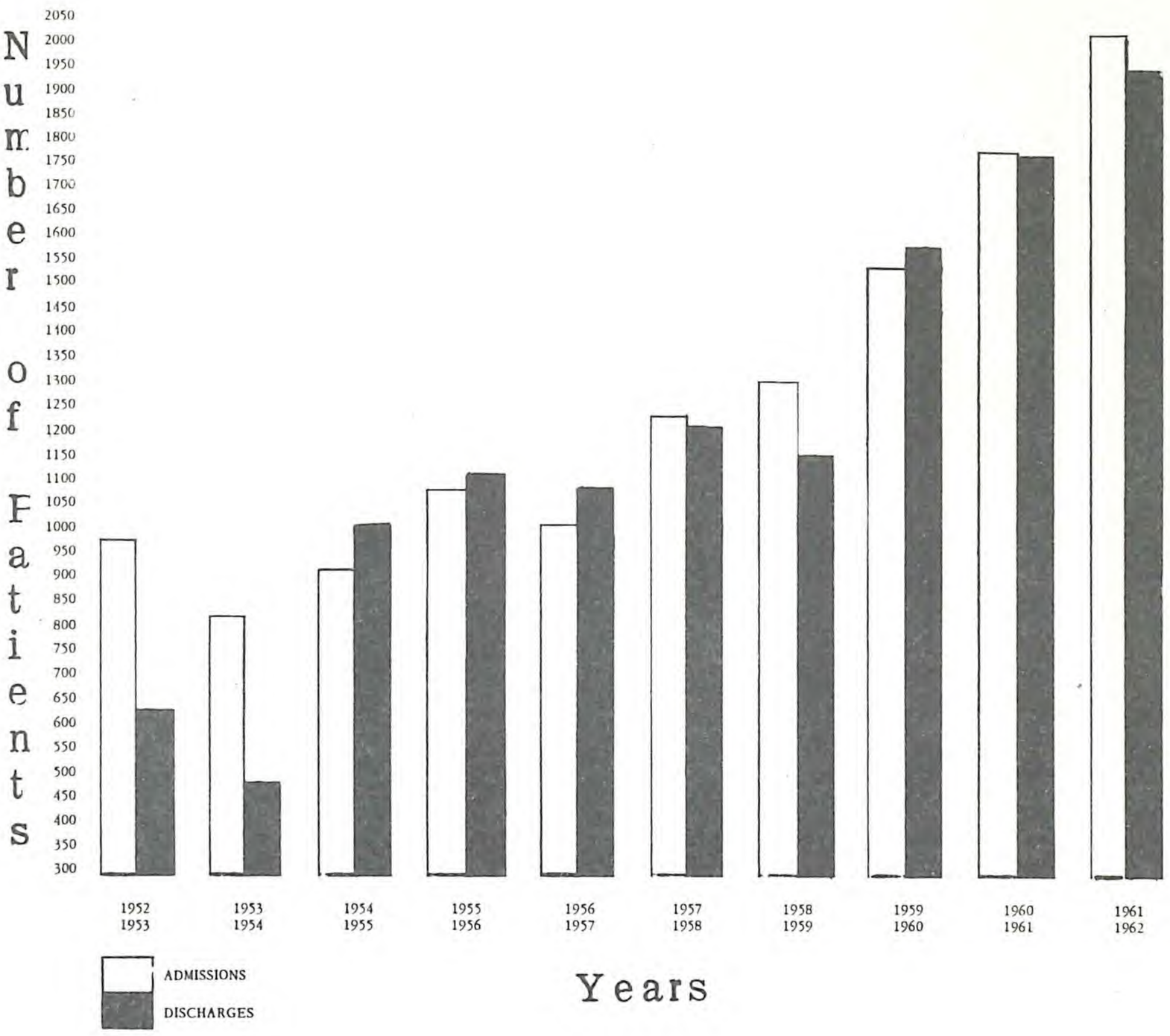
TOTAL NUMBER OF PATIENTS ADMITTED TO ARIZONA STATE HOSPITAL DURING THE PAST TEN YEARS

	MALE	FEMALE	TOTAL
1952	474	355	829
1953	396	299	695
1954	503	442	945
1955	544	518	1,062
1956	496	524	1,020
1957	631	585	1,216
1958	620	703	1,323
1959	749	785	1,534
1960	835	941	1,776
1961	1,027	1,015	2,042
Totals	6,275	6,167	12,442

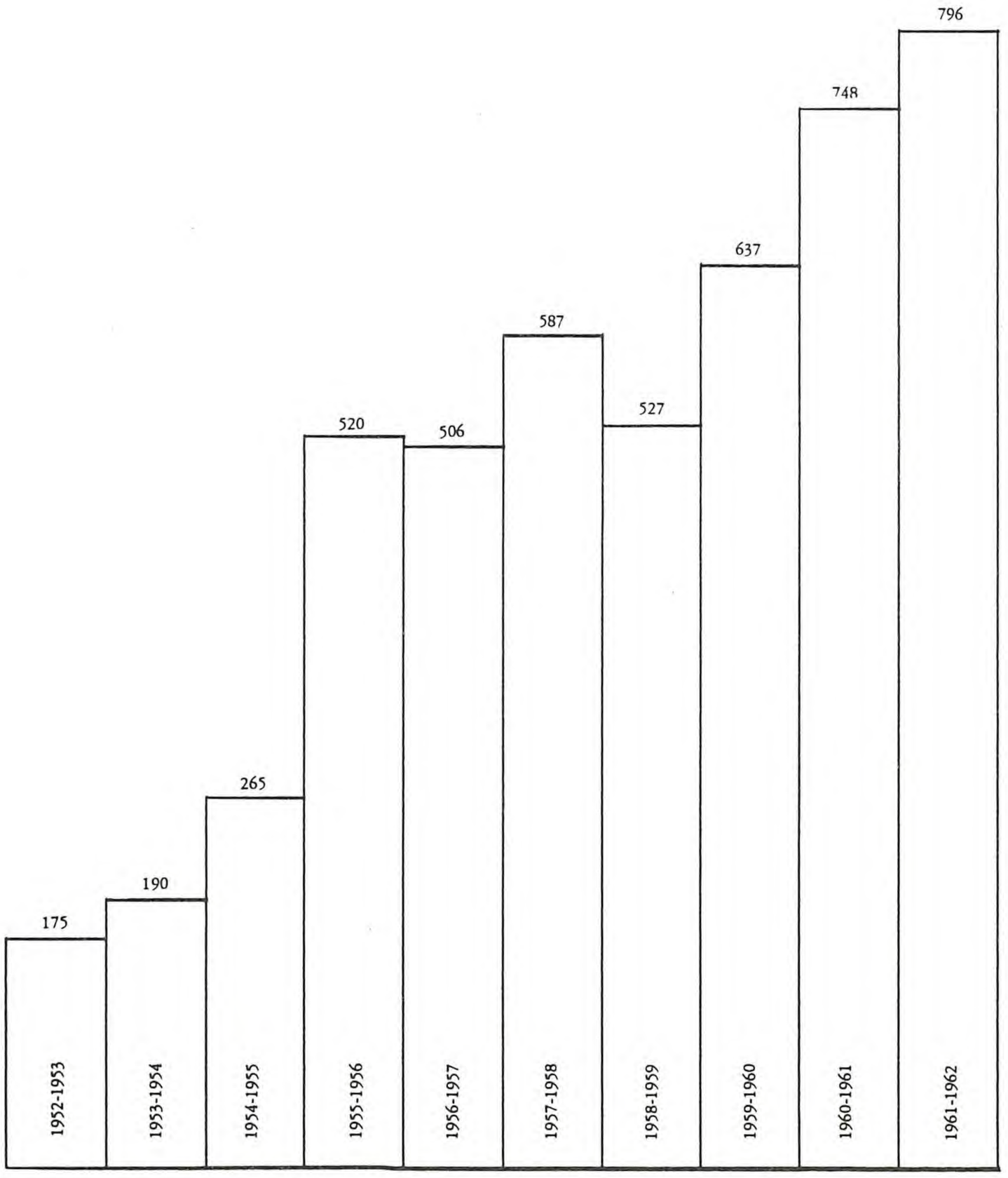
Mental Diagnosis	FIRST ADMISSIONS		
	MALE	FEMALE	TOTAL
ACUTE BRAIN SYNDROMES			
Associated with Alcohol	38	4	42
Associated with Drug or Poison Intoxication	5	2	7
Associated with Convulsive Disorder	0	0	0
Other Acute Brain Syndromes	11	6	17
CHRONIC BRAIN SYNDROMES			
Diseases, Conditions due to Prenatal Influences	1	0	1
Meningoencephalitic Syphilis	2	1	3
Other Central Nervous System Syphilis	0	0	0
Epidemic Encephalitis	2	1	3
Other Intracranial Infections	0	0	0
Alcohol Intoxication	23	6	29
Drug or Poison Intoxication	0	1	1
Birth Trauma	3	0	3
Other Trauma	12	1	13
Cerebral Arteriosclerosis	93	58	151
Other Circulatory Disturbances	5	7	12
Convulsive Disorder	16	12	28
Senile Brain Disease	15	17	32
Other Disturbances of Metabolism, Growth, Nutrition	1	2	3
Intracranial Neoplasm	1	2	3
Diseases of Unknown or Uncertain Cause	4	1	5
Chronic Brain Syndrome of Uncertain Cause	6	10	16
PSYCHOTIC DISORDERS			
Involutional Psychotic Reaction	3	21	24
Manic Depressive Reaction	12	6	18
Psychotic Depressive Reaction	2	11	13
Schizophrenic Reaction	165	166	331
Paranoid Reaction	16	13	29
Other Psychotic Reactions	1	0	1
Psychophysiologic Autonomic & Visceral Disorders	00	1	1
Psychoneurotic Reactions	48	90	138
Personality Pattern Disturbance	6	2	8
Personality Trait Disturbance	76	51	127
Antisocial Reaction	16	6	22
Dyssocial Reaction	0	0	0
Sexual Deviation	3	0	3
Alcoholism, Addiction	1	0	1
Drug Addiction	0	0	0
Special Symptom Reaction	0	0	0
Transient Situational Personality	1	5	6
Mental Deficiency	9	9	18
Without Mental Illness	4	2	6
Mental Illness Undiagnosed	49	34	83
TOTAL	650	548	1,198

READMISSIONS			DISCHARGES			DEATHS		
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
8	5	13	47	10	57	0	1	1
0	5	5	5	8	13	0	0	0
0	0	0	0	0	0	0	0	0
3	0	3	11	7	18	4	1	5
1	0	1	1	0	1	0	0	0
1	2	3	1	1	2	2	3	5
0	0	0	2	0	2	2	1	3
0	0	0	1	0	1	1	0	1
1	0	1	1	0	1	0	0	0
16	8	24	26	12	38	2	0	2
0	0	0	0	0	0	0	1	1
2	0	2	4	0	4	0	0	0
11	0	11	20	3	23	0	0	0
13	22	35	40	43	83	81	34	115
3	2	5	6	7	13	4	2	6
21	16	37	39	24	63	1	1	2
7	0	7	9	9	18	12	13	25
0	0	0	2	2	4	1	2	3
0	0	0	0	0	0	3	1	4
0	1	1	3	3	6	3	1	4
0	5	5	8	8	16	1	1	2
5	28	33	12	43	55	0	1	1
17	24	41	28	27	55	0	0	0
1	3	4	2	12	14	0	1	1
168	237	405	322	395	717	6	10	16
8	13	21	25	25	50	0	0	0
0	0	0	1	1	2	0	0	0
0	0	0	0	0	0	0	0	0
10	42	52	61	138	199	3	0	3
6	2	8	11	2	13	0	0	0
23	20	43	98	74	172	0	0	0
8	0	8	26	4	30	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	3	0	3	0	0	0
1	3	4	1	3	4	0	0	0
0	0	0	1	0	1	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	1	7	8	0	0	0
24	13	37	32	29	61	0	3	3
1	2	3	4	4	8	0	0	0
18	14	32	0	0	0	0	0	0
377	467	844	854	901	1,755	126	77	203

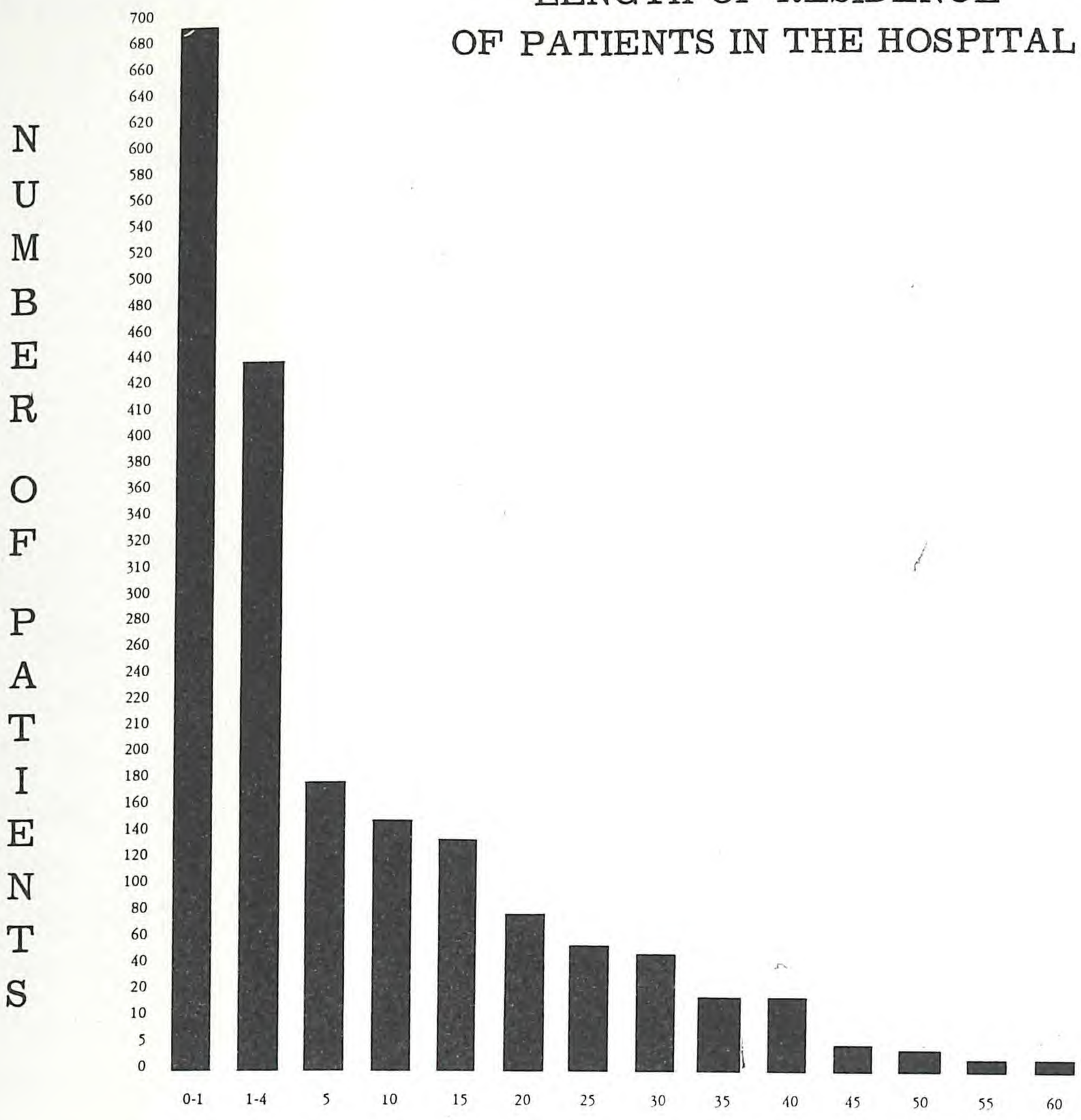
ADMISSIONS AND DISCHARGES



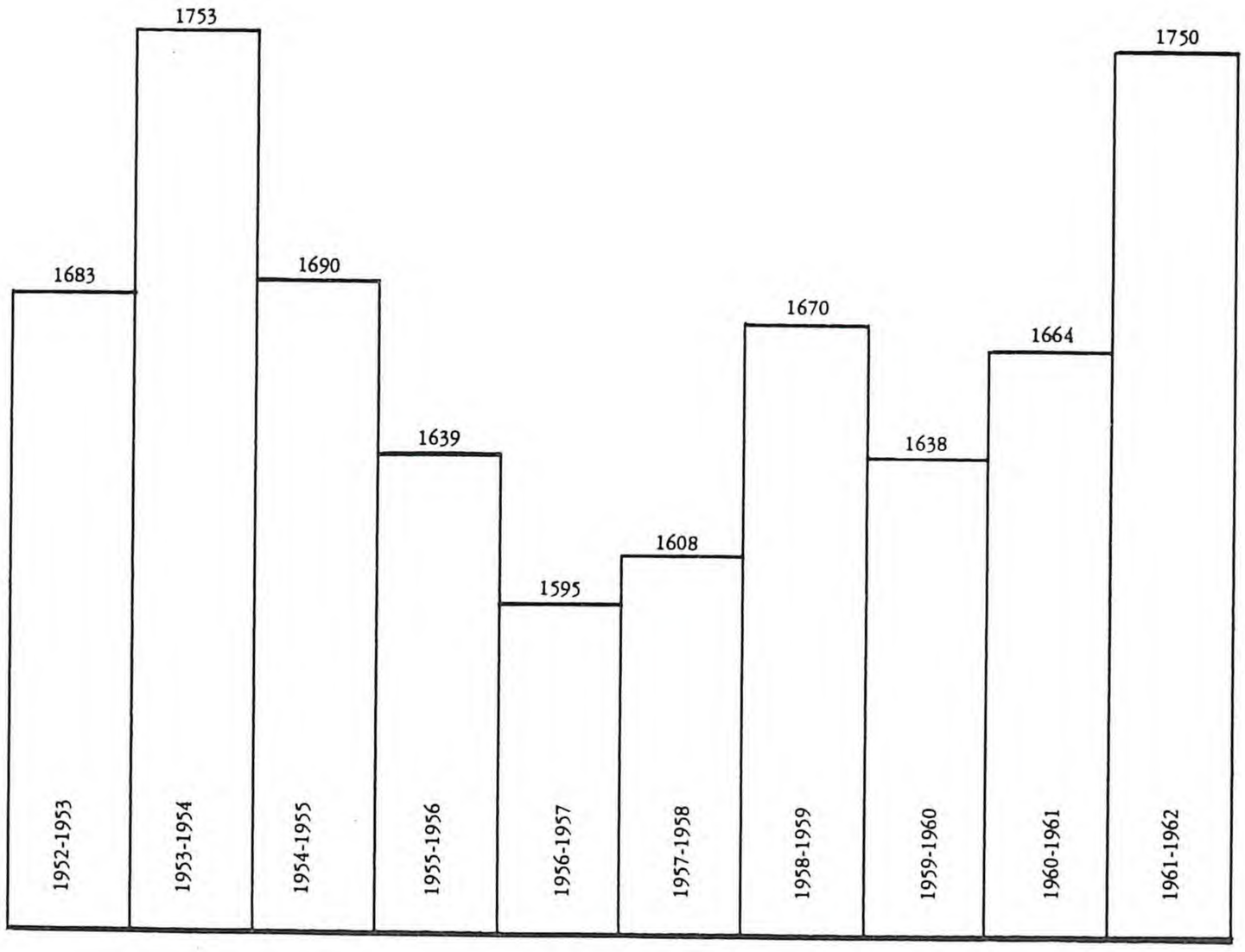
CONDITIONAL DISCHARGES



LENGTH OF RESIDENCE OF PATIENTS IN THE HOSPITAL



CENSUS



Movement of Patient Population by Counties

COUNTY	RECEIVED	RETURNED FROM COND. DISCH. OR UNAUTH. ABSENCE	COND. DISCH. AND UNAUTH. ABSENCE	DISCHARGED	EXPIRED
Apache	7	3	5	4	1
Cochise	36	9	17	19	13
Coconino	23	5	14	14	0
Gila	49	9	20	25	7
Graham	13	5	12	5	1
Greenlee	16	2	4	7	2
Maricopa	856	258	541	438	95
Mohave	9	5	3	2	4
Navajo	19	0	6	10	3
Pima	373	112	224	174	55
Pinal	67	20	34	51	6
Santa Cruz	7	1	4	5	1
Yavapai	58	8	26	22	12
Yuma	63	9	25	44	3
TOTALS	1,596	446	935	820	203

Pharmacy Department

Requisitions filled	7,890
Items supplied	56,714
Prescriptions filled	7,938
Manufactured:	
Liquids	934 gallons
Ointments	138 pounds
Powders	146 pounds

The number of out-patient prescriptions filled has almost doubled this past year. New prescriptions and refills average 30 daily. Drugs are now sent in bulk quantities to the Southern Arizona Mental Health Clinic in Tucson. There a local pharmacist dispenses them to the patients the clinic serves.

Several new psychotherapeutic drugs received clinical trial evaluations during the year, some being added to our formulary.

Teaching assignments included lectures on psychotherapeutic and anti-convulsant drugs to student nurses and Aide-trainees and informal sessions with our registered nurses.

The Pharmacist was president of the Arizona Society of Hospital Pharmacists, and a member of the Committee on International Hospital Pharmacy Activities.

The general increase in work—more requisitions filled for more items, more manufacturing—necessitated some assistance of the hospital chauffeur in the pickup and delivery of drug baskets.

Dental Department

Examinations	1,945
New Patients	1,350
Treatments:	
Post-operative	77
Pyorrhea	124
Penicillin	0
Biopsy	3
Prosthesis:	
Dentures	
Upper and lower	5
Upper	3
Adjustments	74
Plate repairs	47
Impressions	24
Reline	2
Extractions	503
Fillings:	
Amalgam	80
Porcelain	80
Cement	8
Temporary	4
Dental Prophylaxis	116
X-Rays	65
Number of follow-up treatments and examinations	1,461

Sun Valley News

This has been a productive and gratifying year. Creative ideas and suggestions were brought to fulfillment through cooperation and hard work.

In January 1961, the Conference Room of the new Rehabilitation Building was officially dedicated for the permanent use of the members of the Press Club. In addition to our monthly business meetings, we devoted the third Friday of each month to social time. Guest speakers have been most cooperative and presented some extremely pleasurable programs. Movies and colored slides have been shown and narrated by guests who have taken round-the-world cruises. Birthdays and other special occasions have been celebrated and enjoyed by members and sponsors alike.

SUN VALLEY NEWS

Editor: ..... Eli Schlossberg
Managing Editor: J. Lucile Worthington
Assistant Editor:.....H. F. Townsend

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Director of Nurses: Mary E. Pittman, R.N.
Business Manager: ..... R. A. Clelland

All material for the SUN VALLEY NEWS should be handed in by the 20th of each month.

THE APROPOS PRESS CLUB STAFF

President . . . . . Wally Thies
Vice-President . . . . . Birdie Lester
Secretary . . . . . Pat Packer
Reporters . . . . . Wallace Hathaway, Norbert Flynn, Wally Thies, Pat Franey.
Roving Reporters . . . . . Pat Packer, Birdie Lester.
Printers . . . . . Karen T., Paul M., Carlos B.
Distribution . . . . . O. T.
Advisor . . . . . J. L. Worthington
Printing Instructor . . . . . Robert Roberts
Sponsors . . . . . Frances Gardner, Lois Bump, Gray Ladies

Apropos Press Club Meetings are held the 1st and 3rd Fridays of Each Month at 1:30 in the Press Club Room in the Rehabilitation Building.

THE APROPOS is published monthly by the Patients' Press Club of Arizona State Hospital, Phoenix, Arizona.

The Press Club's Supplement, the Apropos, was increased from two to six pages. The Apropos is written, edited and printed by the patients. It is distributed with the Sun Valley News which covers news of the Hospital and personnel. To date, the total circulation has passed the 3,000 mark, and it is mailed to interested parties throughout the United States and Canada. In 1961 the papers received the Blue Cross Honorable Mention Award from the Arizona Hospital Association.



Patients with literary leanings have formed the Press Club which edits the monthly Apropos. This patient news bulletin is circulated as a supplement to the hospital's monthly house organ, Sun Valley News. Press Club members are shown here with employees and volunteers preparing material for an issue of their publication.

Physical Therapy Department

	P.T. EAST	"B" P.T. WEST	ON WARD TREATMENTS	TOTA
Sedative Tubs	140	3,302		3,44
Sedative Pack		578		57
Needle Spray	169	420		58
Rain Douche		537		53
Sitz Bath	16	13		2
Whirlpool	662	112	437	1,21
Dry Pack				
Hot Pack		7		
Soaks	109	82	46	23
Massage	613	347	1,000	1,96
Oil Rub	346	4,156	733	5,23
Alcohol Rub	1,008	4,152	890	6,05
Infra Red	225	278	504	1,00
Ultra Violet	71	22	429	52
Ultra Sonic	407		160	56
Microtherm	245	45	15	30
Exercise	828	8	63	89
Arm Wheel	362			36
Parallel Bar	72			7
Bicycle	124			12
Gait Training	166		18	18
Medicated Treatment	97	410		50
Dressing	95	217	36	34
Contrast Bath				
Hydro Exercise	422	3		42
Crutch Training	56		35	9
Walker Training	28		2	3
Body Shampoo		164		16
Muscle Testing	5			5
Totals	6,266	14,853	4,368	25,48

Beauty Shop Report

Shampoos	6,360
Permanents	338
Fingerwaves	6,364
Manicures	1,734
Facials	109
Rinses	6,323
Braids	74
Haircuts	3,432
Oil Treatments	905
Brow Arches	679
Hair Dressings	6,325

Laboratory Report

URINALYSIS	2,670
HEMATOLOGY	
Hgb, RBC, WBC	2,504
Hematocrit	786
Differential Leukocyte Count	856
Sedimentation Rate	78
Platelet Count	15
Reticulocyte Count	15
Bleeding Time	6
Coagulation Time	5
Blood Typing(Group & Rh)	50
Cross Matching	45
Capillary Fragility	1
Malaria Smear	2
CHEMISTRIES	
Blood Sugar	659
Glucose Tolerance	4
Urea Nitrogen	80
Non Protein Nitrogen	75
Uric Acid	1
Prothrombin Time	3
Icterus Index	48
Direct Vandenbergh	23
Serum Potassium	4
Carotene	1
Inorganic Phosphorus	2
Serum Barbiturates	3
Blood Salycilates	1
BLOOD SEROLOGIES	2,198
BACTERIOLOGY	
Cultures	314
Antibiotic Sensitivities	82
Gram's Stain	89
Acid-Fast Stain for Tuberculosis	84
SPINAL FLUID TESTS	
Total Protein	116
Globulin	116
Cell Count	116
V.D.R.L.	116
Colloidal Gold	116
Sugar	6
Chlorides	5
PARASITOLOGY	
Feces Examination	21
Indirect Vandenbergh	23
Serum Total Protein	4
Serum Albumin	4
Serum Globulin	4
Transaminase	52
Cephalin Flocculation	24
Thymol Turbidity	9
Protein Bound Iodine	62
Bromsulphalein	1
Acid Phosphatase	10
Alkaline Phosphatase	10
Serum Chloride	1
Serum Amylase	1
Serum Calcium	1
Serum Cholesterol	2
Serum Sodium	3
Hanging Drop for Trichomonas	1
SPECIAL TESTS	
Frog Test for Pregnancy	21
Gastric Lavages	1
Bone Marrow Examination	2
Frozen Section Examination	1
Vomitus Examination	1
PAPANICALAOU SMEAR	701
BIOPSIES	73
AUTOPSIES	44
TOTAL PROCEDURES	12,375



A patient raises a flag, which she has donated to the hospital in memory of her mother.

REPORT OF

BUSINESS MANAGER

X-Ray Department

CHEST	
Patients	2,053
Employees	352
Total	2,405
EXTREMITIES	
Finger	17
Hand	30
Wrist	18
Forearm	7
Elbow	14
Humerus	6
Foot	53
Ankle	19
Tibia & Fibula	12
Knee	25
Femur	7
Total	208
SPINE	
Cervical	15
Dorsal	35
Dorso-Lumbar	9
Lumbar	31
Lumbo-Sacral	2
Sacrum	4
Coccyx	2
Total	96
Shoulder	21
Clavicle	4
Scapula	1
Pelvis	20
Hips	35
Ribs	30
Skull	150
Pneumoencephalogram	9
Ventriculogram	2
Arteriogram	1
Myelogram	1
I.V. Pyelogram	5
Abdomen	46
K.U.B.	9
Gall Bladder	4
Total	338
FLUOROSCOPIC	
Barium Enema	1
Total	1

MISCELLANEOUS	
Orbit	1
Optic Foramen	2
Facial Bones	6
Maxilla	2
Mandible	8
Mastoids	1
Nose	5
Sella Turcica	1
Zygoma	1
Os Calcis	1
Total	28
E.K.G.—Total	91
TOTAL EXAMINATIONS	3,167
FRACTURES	
Skull	1
Mandible	1
Nose	5
Finger	4
Hand	11
Wrist	6
Elbow	1
Humerus	2
Shoulder	2
Clavicle	2
Ribs	9
Dorsal Spine	18
Dorso-Lumbar Spine	3
Lumbar Spine	2
Pelvis	2
Hips	12
Femur	1
Patella	1
Tibia & Fibula	1
Ankle	4
Foot	8
Total	96
FILMS USED	
14 × 17	2,815
7 × 17	40
10 × 12	1,264
8 × 10	118
Total	4,237

Report of the Business Manager

ARIZONA STATE HOSPITAL BOARD
Mr. James McNulty, Chairman

The year ending June 30, 1962 has been one of difficulties, some old, some transient, some part of the continuing evolution in the treatment of the mentally-ill.

THE OLD PROBLEMS:

1. Insufficient funds to employ all of the skilled staff required to meet accepted hospital standards.
2. Insufficient funds to pay salaries commensurate with the technical requirements of our staff positions. Specifically, the top salary, that of the Superintendent, should be $25,000.00! An unrealistic maximum for the Superintendent ($15,000.00 last year) limits what may be paid to lesser positions. All of our rates of pay remain 50% below that for all comparable positions in California.
3. Several buildings are still below accepted sanitary standards.
4. There is no attention given by the State to a productive and sustained program of research into the causes of mental illness.

THE TRANSIENT PROBLEMS:

1. We have been planning and training to install data processing equipment. Many departments are effected by this change which will cause reassignment of employee activities. After installation, two accounting systems will be maintained until we are operating adequately under the new method.
2. We have analyzed our inventory control procedures to improve them without spending more to accomplish security than would be lost in its absence.
3. We have purchased property in Tucson to initiate a state-wide program for treating people "close to home."
4. In mid-year, our Office Manager was assigned to the position of Reimbursement Officer to concentrate on collections. A new Office Manager was employed to plan (and train personnel) for the new accounting and data processing system.

THE PROBLEMS OF CHANGE:

1. Opening the Southern Arizona Mental Health Clinic and consolidating it with the Tucson Out-Patient Clinic have increased travel costs and posed many new activities for Engineering, General Services, Purchasing and Accounting.
2. Sizeable projects have been underway all year to replace ancient buildings.

3. Planning continues to arrange additional needed facilities:
   a. Revision of the purchased buildings in Tucson to add a Day-Care area to the two consolidated clinics to create the Southern Arizona Mental Health Center ;
   b. Create a new area in Phoenix for treating emotionally-disturbed and mentally-ill children;
   c. Create a Chapel for all faiths;
   d. Replace the Dietary facilities;
   e. Replace the 75-year-old D-Building with a new Receiving and Treatment Center;
   f. Replace the Administration Building.
4. The state continues to grow in population (75% in ten years) and the number of mentally-ill within the population grows accordingly.

ACCOMPLISHMENTS:

1. While the state's population has increased greatly in the last decade and new admissions to the hospital have tripled, the hospital population remains at the approximate level of 1952! (This will no longer be possible without satisfying the needs expressed under "Old Problems.")
2. We participated with seven other state and general hospitals and the National Institute for Mental Health in a cost study relating to admissions and intensive treatment. This pointed up the need for increased expenditures to obtain increased results in this area of the hospital.
3. A record for collecting from patients toward the cost of their treatment was established. We collected $464,612.73. (This is an increase of $83,431 over the previous year!)
4. Our Chief Dietitian, Mrs. Louise Edwards, was elected President of the Arizona Chapter of the American Dietetic Association.
5. Our Executive Housekeeper, Mrs. Pearl Rogers, was re-elected President of the Arizona Chapter of National Executive Housekeepers.

Problems of considerable scope remain and will continue, particularly until the needs expressed heretofore have been met. However, it is to the credit of Hospital Management that the problems are recognized, are "in focus" and can be overcome when needed funds are supplied in the neglected areas.

Respectfully submitted,

R. A. Clelland

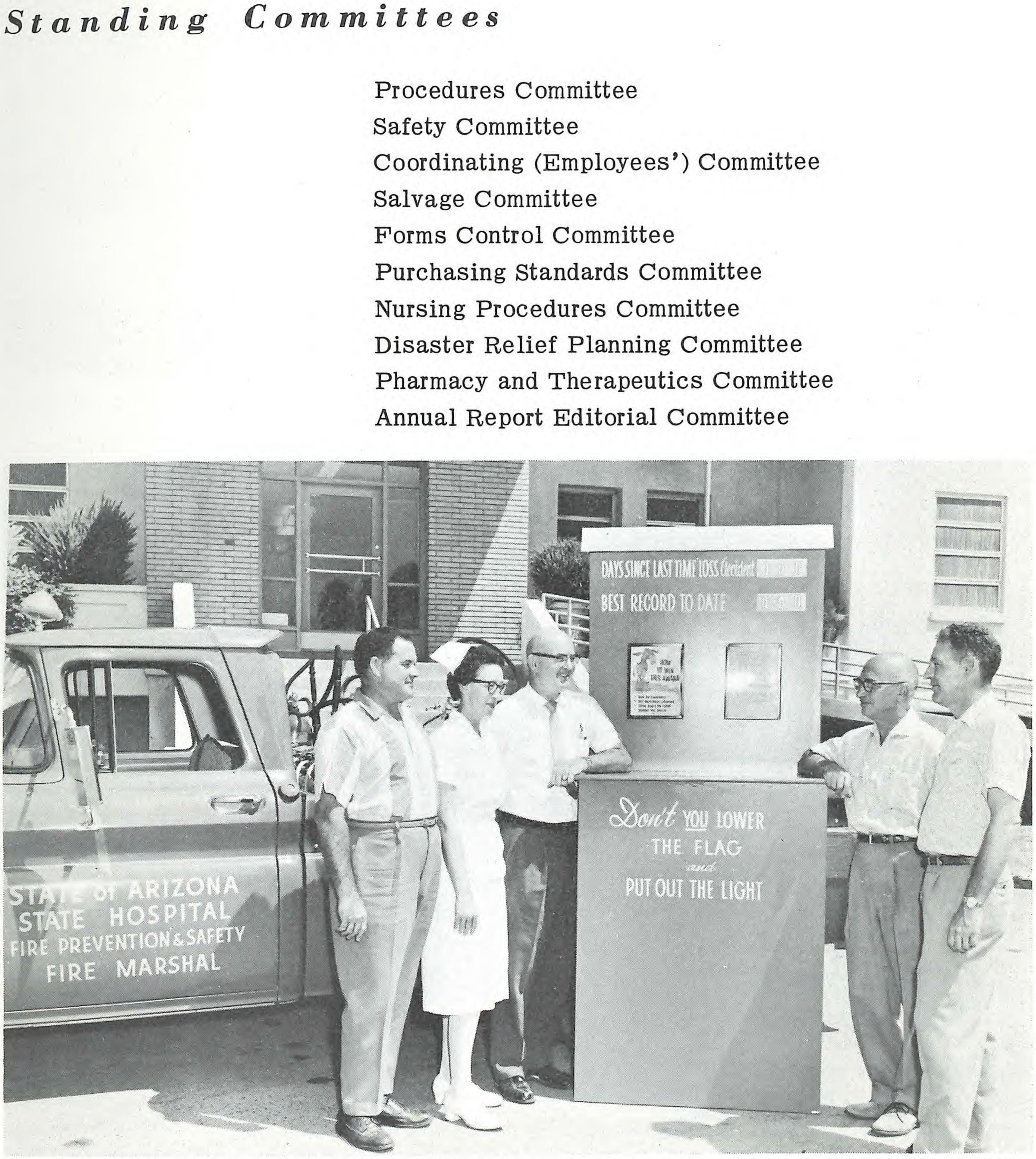
R. A. Clelland

Business Division Staff

R. A. Clelland ..... Business Manager
Jerome O. Rolle ..... Office Manager
W. K. Dick ..... Purchasing Manager
Phillip R. Brown ..... Chief Engineer
Pearl Rogers .....Executive Housekeeper
Louise Edwards ..... Chief Dietitian

Standing Committees

Procedures Committee
Safety Committee
Coordinating (Employees') Committee
Salvage Committee
Forms Control Committee
Purchasing Standards Committee
Nursing Procedures Committee
Disaster Relief Planning Committee
Pharmacy and Therapeutics Committee
Annual Report Editorial Committee



Members of the Safety Committee review the accident score board before installation.

Purchasing Manager's Report

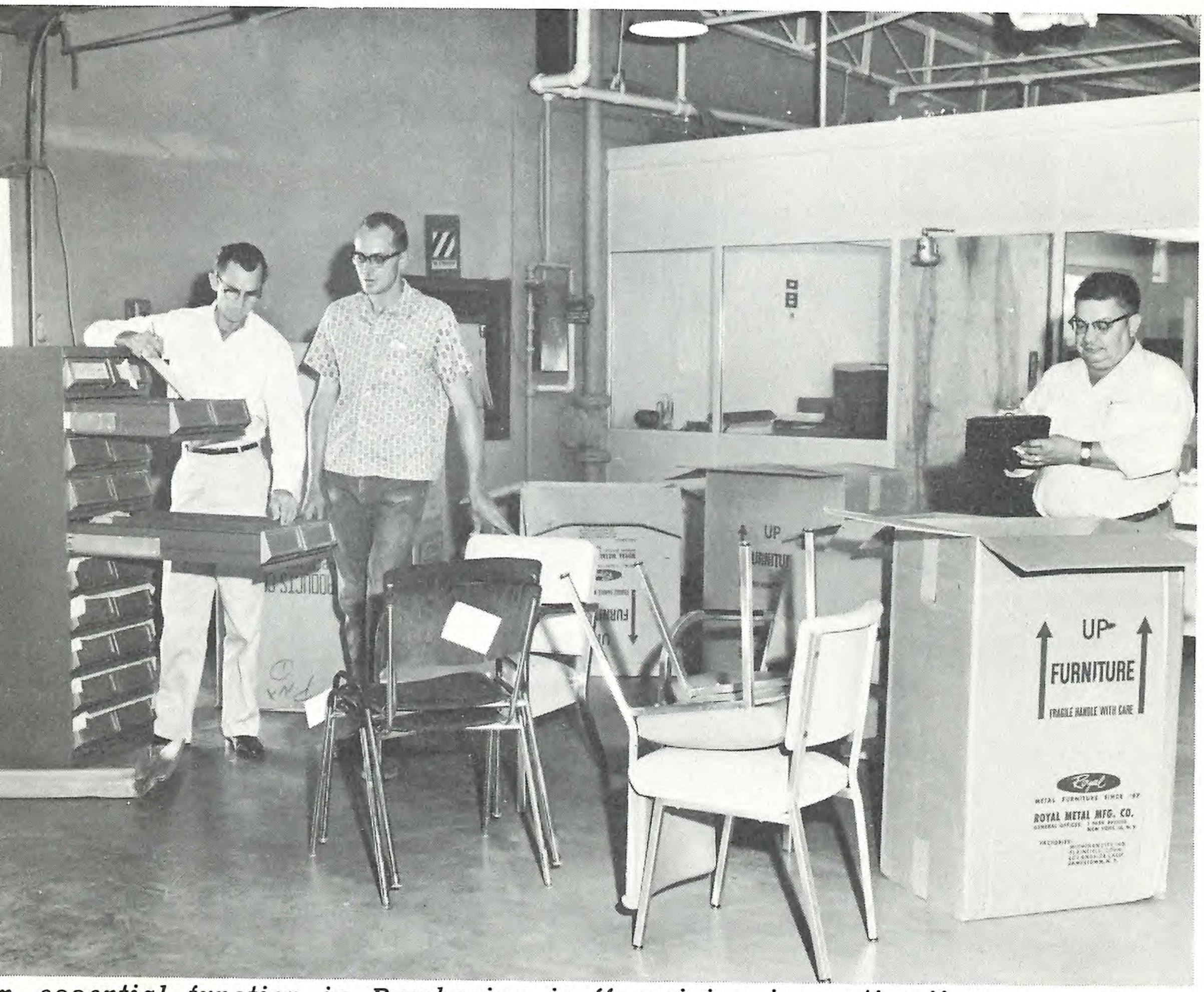
Last quarter of fiscal year, the Purchasing Department had a change in directorship and now has a new Purchasing Manager.

Programmed for the immediate future is emphasis in two areas:

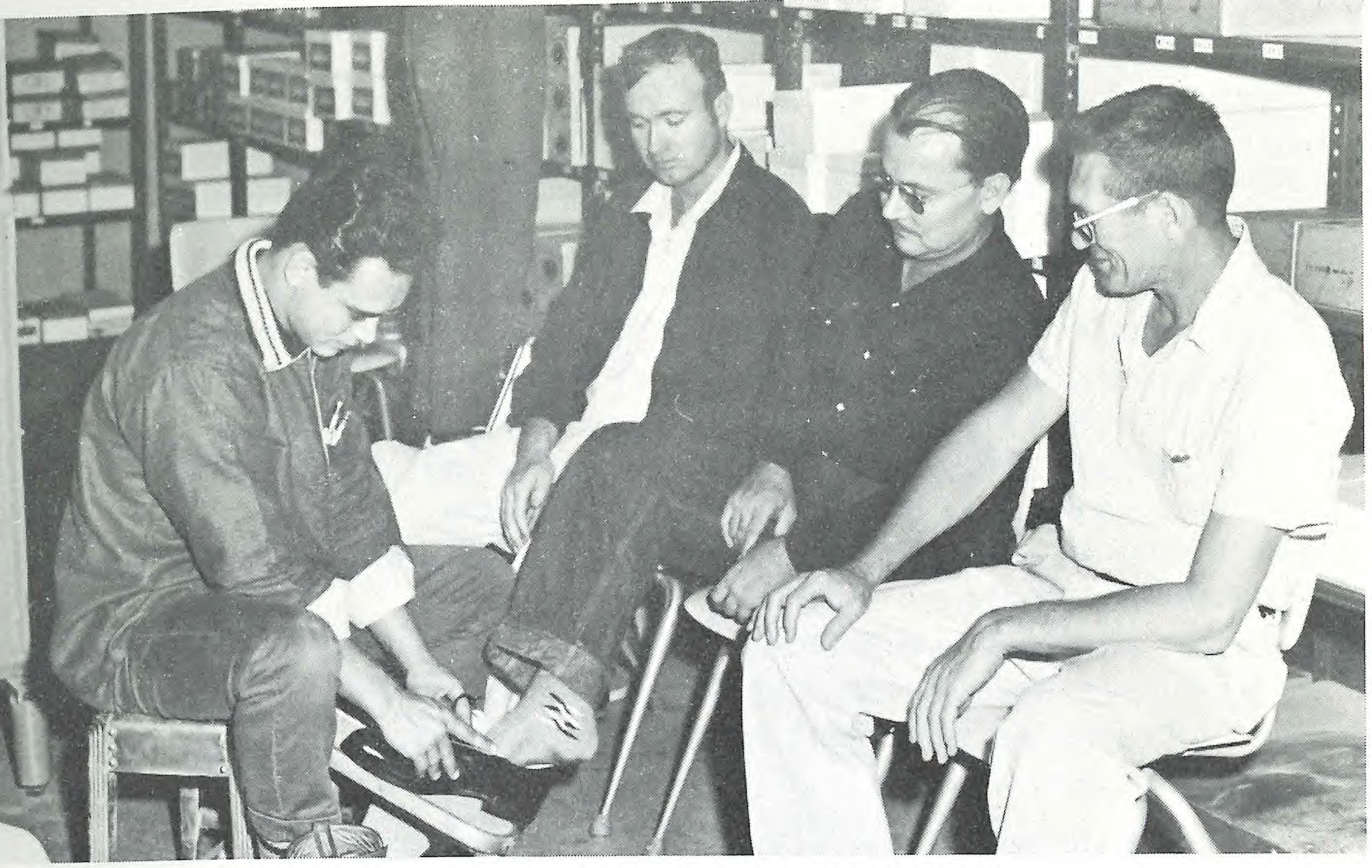
1. A centralization of the purchasing function to include General Services, Engineering, Pharmacy and Salvage Supplies.
2. A concentrated effort in the field of materials management.

These changes will accomplish the following:

1. Provide a controlled storage and inventory record of supplies used and stored.
2. Prevent duplication, waste, and decrease probability of stock shortages.
3. Provide necessary and immediate information on needed products and services.
4. Value analysis and standardization programs can become more effective.
5. Assure proper use is being made of products purchased.



n essential function in Purchasing is "receiving inspection." Here employees determine that furniture items received meet the specified quality standards.



Patients' shoe fitting in the main Storeroom.

Statistical Information:

Purchase Orders Processed	4,400
Purchase Orders Processed by Imprest	289
Miscellaneous Encumbrance Requests	111
Travel Orders	164
Change Orders	257

INVENTORY OF SUPPLIES IN WAREHOUSE AT CONCLUSION OF FISCAL YEAR

General Supplies	$ 19,934.72
Beauty Supplies	362.52
Office Supplies	4,495.02
Food Supplies	41,045.32
Central Supplies	7,199.30
Clothing Supplies	38,324.64
Hospital-made Clothing	6,403.55
	$117,765.07

REPORT OF SALVAGE SALES

Sale of Grease and Bones	$173.52	
Sale of Rags	180.96	
Sale of Tins and Cardboard	675.00	
Deposited in General Fund		$1,029.48

Office Manager's Report

While statistics included in this report reflect considerable fiscal activity, the inherent true values include the following:

1. Control of departmental budgets within management plans.
2. Proper classification of expenditures to support authorized purchases.
3. Check-and-balance system to assure that payments are prompt and in alignment with services rendered or material received from vendors.
4. Factual documentation of personal services provided by all hospital employees to support timely payment of wages.
5. Accurate accounting of accumulation of service as relates to employee benefits for sick leave and vacations.
6. Around-the-clock operation of telephone and public address communications systems.

Results achieved by fulfillment of the values stated above are attributed to the self-discipline exercised by employees within the office and through effective cooperation with other hospital departments, state agencies, and private businesses.

The highlight of the year is the achievement of $464,612.73 in maintenance collections for the care and treatment of patients! This represents an increase of $83,431 over the prior fiscal year and is a record attributed to the following:

1. Establishment of the positions of a Reimbursement Officer and Records Processor to allow more concentration on collections.
2. Systematic research of records, and interviews to explore and determine available assets which can be obtained from patient's estate without impoverishing the family or impairing the patient's future rehabilitation.
3. Energetic follow-up.
4. Continual liaison with the courts of the state and persuading others that payment by patients reduces the taxpayers' financial responsibility for support of the hospital.
5. Implementation of employee suggestions regarding improved methods to effect collections.
6. Principal area of improvement was in the Social Security benefits where an increase of $34,030 was achieved, and in court-ordered and agreed payments which were increased by $33,480.

Departmental training was begun this year for the installation of data-processing equipment. Office employees are preparing for conversion of inventory, accounting, and statistical compilations to the punched-card system including the following applications:

1. Meaningful data to department heads upon which to make decisions.
2. Prompt aging of accounts to effect collection of maintenance charges for care and treatment of patients.
3. Provide inventory and stock-control service to the Purchasing Department for the prompt purchasing of supplies within economical and realistic stockage objectives.

4. Maintenance of data pertaining to capital outlay inventory items regarding location, current value and estimated useful life.
5. Future applications of data-processing are being planned to provide history of patients' treatment and related costs.

COLLECTIONS FOR CARE AND TREATMENT OF PATIENTS

Total collections of $464,612.73 were received from the following sources:

PERCENTAGE OF TOTAL	SOURCE	AMOUNT
45.80	Court-ordered and Agreed Payments	$212,771.39
1.12	County Payments for Hold-order Patients	5,215.02
.68	County Payments for Minor Patients	3,145.62
16.56	Social Security Benefit Payments	76,941.49
.77	Railroad Retirement Benefit Payments	3,596.00
7.27	Hospitalization Insurance Benefit Payments	33,785.56
1.81	U.S. Veterans Administration Benefit Payments	8,427.54
21.80	Federal Government for Indian Wards	101,292.48
2.44	Payment on Delinquent Accounts	11,330.36
1.74	Veterans Payments (Service Connected)	8,107.27

History of Collections:

1961-1962	$464,612.73
1960-1961	381,202.09
1959-1960	376,146.15
1958-1959	349,265.94
1957-1958	301,702.16

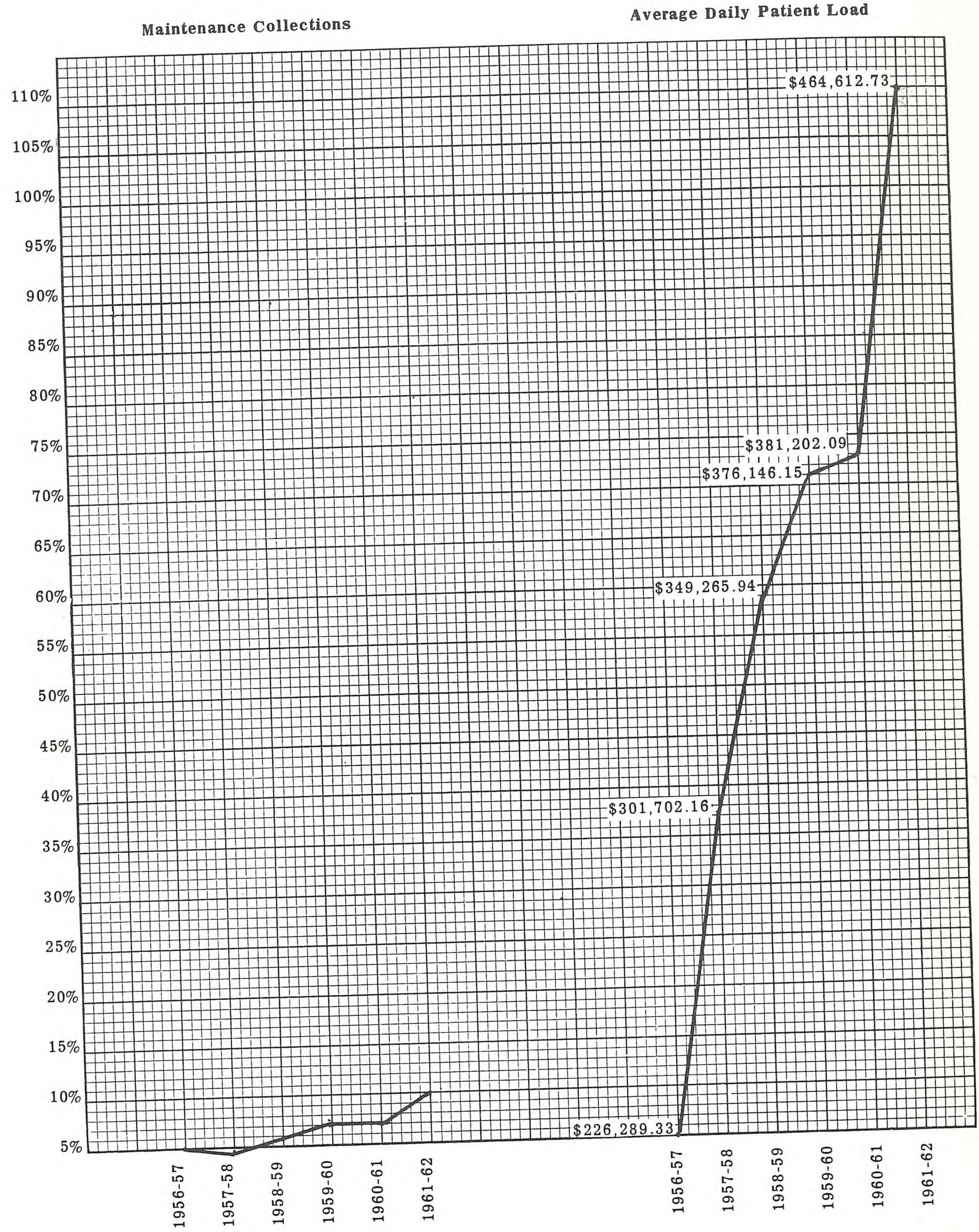
Cost of Patient Maintenance:

Average Daily Patient Load	1,713
Cost Per Patient Per Day	$5.76

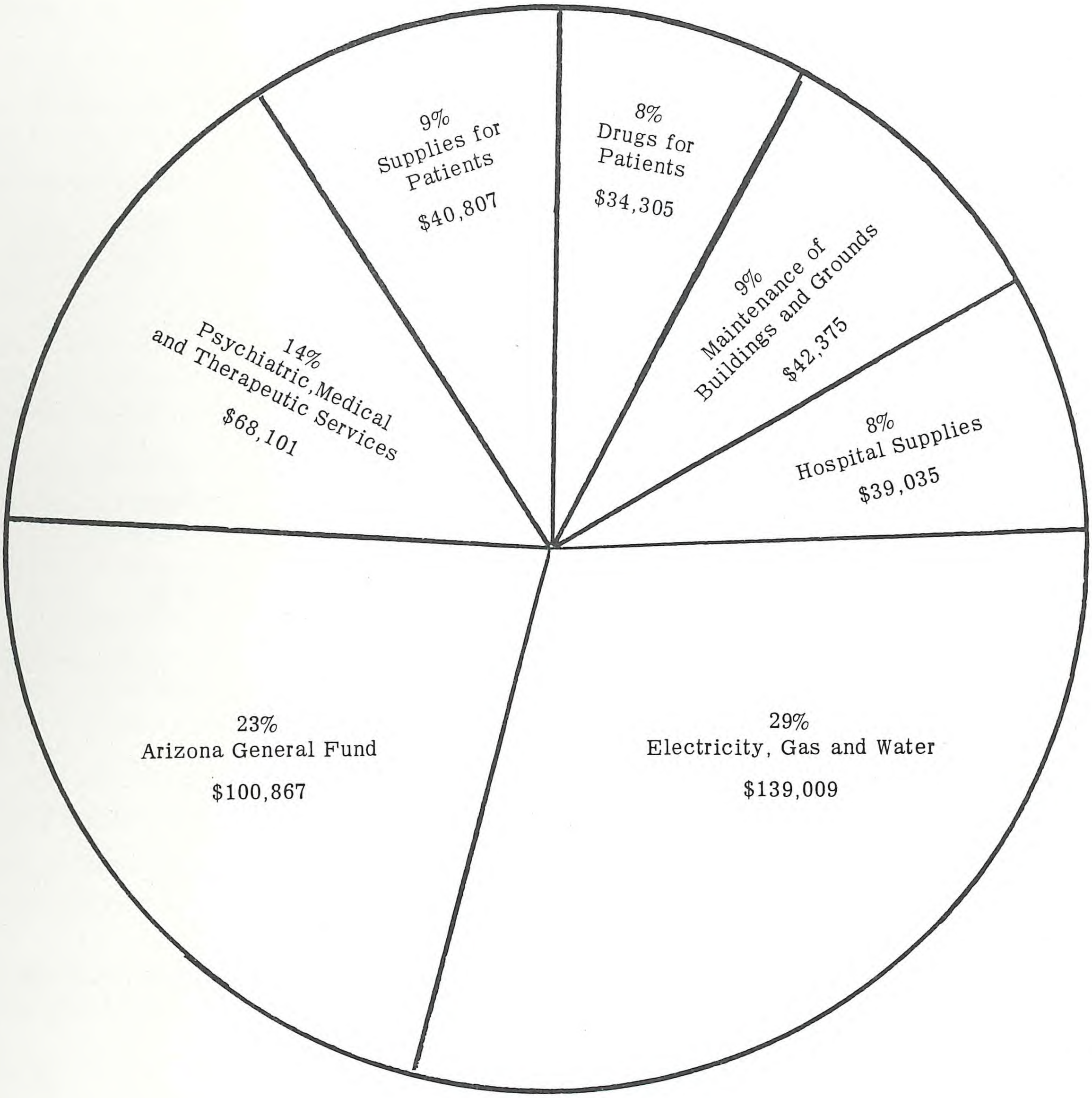
CHAPEL FUND

Balance on Deposit, July 1, 1961	$3,110.16
Interest earned during fiscal year	74.81
Contributed during fiscal year	864.47
	$4,049.44
Expenditures for Chapel Items	261.65
Total Deposit as of June 30, 1962	$3,787.79

PERCENTAGE OF INCREASE



THE DISPOSITION OF MAINTENANCE COLLECTION FUNDS



Expenditure Report

Governmental Code	Appropriations and Other Income	Expended	Unused Balance	Reverted to General Fund	Fwd. to 1962-1963
1-3-11-000-0100 Personal Services	$2,335,239.00	$2,322,775.66	$ 12,463.34	$ 12,463.34	-0-
1-3-11-000-1400 Tucson Clinic	25,000.00	21,302.32	3,697.68	3,697.68	-0-
1-3-11-000-0200 Current Expenditures — Other	475,000.00	467,742.61	7,257.39	7,257.39	-0-
1-3-11-000-0201 Food	400,000.00	374,218.75	25,781.25	25,781.25	-0-
1-3-11-000-0300 Subscrip. & Dues.....	2,650.00	2,421.71	228.29	228.29	-0-
1-3-11-000-0401 Travel — State	2,300.00	2,194.14	105.86	105.86	-0-
1-3-11-000-0402 Travel — Out of State	4,200.00	4,191.55	8.45	8.45	-0-
1-3-11-000-0404 Return of Patients	9,400.00	9,335.43	44.57	44.57	-0-
1-3-11-000-0800 Special Operating*....	464,612.73	363,744.98	100,867.75	100,867.75	-0-
1-3-11-000-0900 Current Fixed Chgs.	4,500.00	3,734.66	765.34	765.34	-0-
1-3-11-000-1000 Professional Fees	34,000.00	26,651.06	7,348.94	7,348.94	-0-
1-3-11-000-1200 Discharge Money	200.00	200.00	-0-	-0-	-0-
1-3-11-000-1300 Revolving Account....	2,500.00	-0-	2,500.00	2,500.00	-0-
1-3-11-000-0500 Capital Outlay	75,000.00	74,716.39	283.61	283.61	-0-
1-3-11-000-0504 Capital Outlay — Building and Improvements	17,929.89	17,570.28	359.61	359.61	-0-

Governmental Code	Appropriations and Other Income	Expended	Unused Balance	Reverted to General Fund	Fwd. to 1962-1963
1-3-11-000-0502 Capital Outlay— Land, Purchases or Const.,Equip. at So. Ariz. Day Care Center (Tucson)	265,000.00	125,385.68	139,614.32	-0-	139,614.32
1-3-11-000-0503 Capital Outlay Study topography....	2,400.00	2,100.00	300.00	-0-	300.00
1-3-11-000-0505 Capital Outlay Const. & Equip. Ward C	498,000.00	358,476.57	139,523.43	-0-	139,523.43
1-3-11-000-0506 Capital Outlay— Revision RE	59,625.00	-0-	59,625.00	-0-	59,625.00
1-3-11-000-0508 Capital Outlay— Const. & Equip. Gen. Svs. Bldg.....	211,643.00	162,572.89	49,070.11	-0-	49,070.11
1-3-11-000-0518 Capital Outlay Educ., Personnel, Coffee Shop.....	102,908.01	102,908.01	-0-	-0-	-0-
1-3-11-000-1500 Building Fund**	825,732.00	-0-	825,732.00	-0-	825,732.00
2-3-11-000-0700 Endowment Earnings	85,751.38	13,725.74	72,025.64	-0-	72,025.64
Total Available for Expenditure.....	$5,903,591.01				
Total Expended.....		$4,455,988.43			
Balance June 30, 1962		$1,447,602.58			
Revert to General Fund			$161.712.08		
Balance Forward					$1,285,890.50

*Maintenance Collections
**Non-expendable

Classification of Expenditures

Object Code		Amount
110	Personal Services	$2,322,775.66
110	Tucson Clinic	21,302.32
211	Postage	4,738.03
212	Telephone & Telegraph	20,214.64
215	Heat, Light, Power & Water Service	156,191.50
220	Travel—State	3,215.31
230	Travel—Out of State	5,102.21
230	Return of Patients	9,355.43
240	Professional Fees	26,651.06
260	Maintenance of Buildings, Grounds & Equipment	72,932.27
270	Care of Patients—Outside Service	47,729.25
280	Trainees	47,617.20
290	Other Contractual Services	17,298.58
310	Office Supplies	21,674.78
321	Food	374,218.75
350	Vehicle Supplies	11,503.19
370	Maintenance Supplies	74,525.81
390	Other Supplies—Materials & Parts	356,577.88
411	Rent—Office Equipment	141.20
412	Rent—Other Equipment	321.25
417	Rent—Films & Other	2,916.96
421	Bonds	355.25
430	Subscriptions & Dues	2,421.71
450	Discharge Money	337.00
931	Refund of Maintenance	128.96
610	Equipment	76,933.48
620	Building & Improvements	653,423.07
630	Land Purchase	125,385.68
	Total	$4,455,988.43



Mrs. Helen Rice, Reimbursement Officer, shown in an interview concerning maintenance collections in payment for a patient's treatment.

Budget for Year 1962-1963

APPROPRIATIONS AND OTHER INCOME	CURRENT EXPENDITURES	CAPITAL OUTLAY	PERSONAL SERVICES
Personal Services			$2,488,101.00
Tucson Clinic			30,000.00
Current Expenditures	$500,000.00		
Food	400,000.00		
Subscriptions & Dues	2,650.00		
Travel—State	2,500.00		
Travel—Out of State	4,200.00		
Return of Patients	13,800.00		
Capital Outlay—Equipment		$ 87,000.00	
Arizona Mental Health Center		139,614.32	
Topography		300.00	
Building & Improvements		15,000.00	
Construction and Equipment, Ward C		139,614.32	
Revision RE		59,625.00	
Construction and Equipment, General Services		49,070.11	
Current Fixed Charges	13,500.00		
Professional Services	34,000.00		
Planning Program for Mentally Ill Children	22,500.00		
Discharge Money	500.00		
Revolving Account	2,500.00		
State Hospital Building Fund		825,732.00	
Special Operating	400.000.00		
Endowment Earnings		72,025.64	
Totals	$1,396,150.00	$1,387,890.50	$2,518,101.00

Total Budget for Year 1962-1963 ..... $5,302,141.50

Patients' Trust Fund

Balance in Fund, July 1, 1961	$ 55,376.68
Received	198,216.63
	$253,593.31
Disbursed	181,324,05
Balance in Fund, June 30, 1962	$ 72,269.26

Transfer of Non Resident Patients to Other States

By Bus or State Car to:

Alabama	1	New York	3
Arkansas	1	Ohio	1
California	38	Oklahoma	3
Georgia	1	Oregon	1
Illinois	4	Pennsylvania	1
Indiana	1	Texas	9
Kentucky	2	Utah	1
Nebraska	1	Washington	3
Nevada	1	West Virginia	1
New Jersey	1		
New Mexico	4	Total	78

Transported by Bus: 26

Common Carrier Tickets	$ 391.18

Transported by State Car: 52

Total Number of Miles Traveled: 33,696

Car Depreciation	$ 420.00	
Servicing of Car in Hospital Garage	286.00	
Gas, Oil and Car Expense Enroute	1,172.60	
Lodging	981.85	
Meals	939.58	
Salaries (2 Employees)	2,200.00	
Medication	66.00	
		$6,066.03

Transported by Chartered Plane: 42
(To VA Hospitals in California, Colorado, Utah & Wyoming)

Plane Charter	$6,162.50	
Salary	93.05	
		$6,255.55
Total Cost		$12,712.76

Total Patients Transported: 120

Average per Patient Cost $105.94



Patients emplane for transfer to other hospitals.

Engineering Services

Here is represented great diversity of activity required to provide and maintain facilities for the patients' comfort and modern treatment methods. Engineering's annual work measurement comparison is striking testimony to the effectiveness of the Hospital's concern for self-improvement. Continued emphasis on an effective preventive maintenance program is among the year's impressive achievements.

The Department has retained its high standards of repair, maintenance, operation and services, but has done so economically in the face of inflation. As our service area grows and plant investment grows we expect total plant maintenance and operation costs to increase; however, the relative increases are kept minimal by the specifications of quality design, workmanship and materials. This is exemplified by the new Ward Building "C" and General Services Building, both nearing completion. Exterior paint maintenance of these buildings will be almost nil by the extensive use of face brick, natural concrete, glass, aluminum and ceramic tile.

It is important that we recognize the needs of the mental patients' community in this, the Nation's fastest growing state, through an adequate building program. Pride in this progress can be shared justly by everyone.



Engineering Services personnel at work in the cabinet shop.

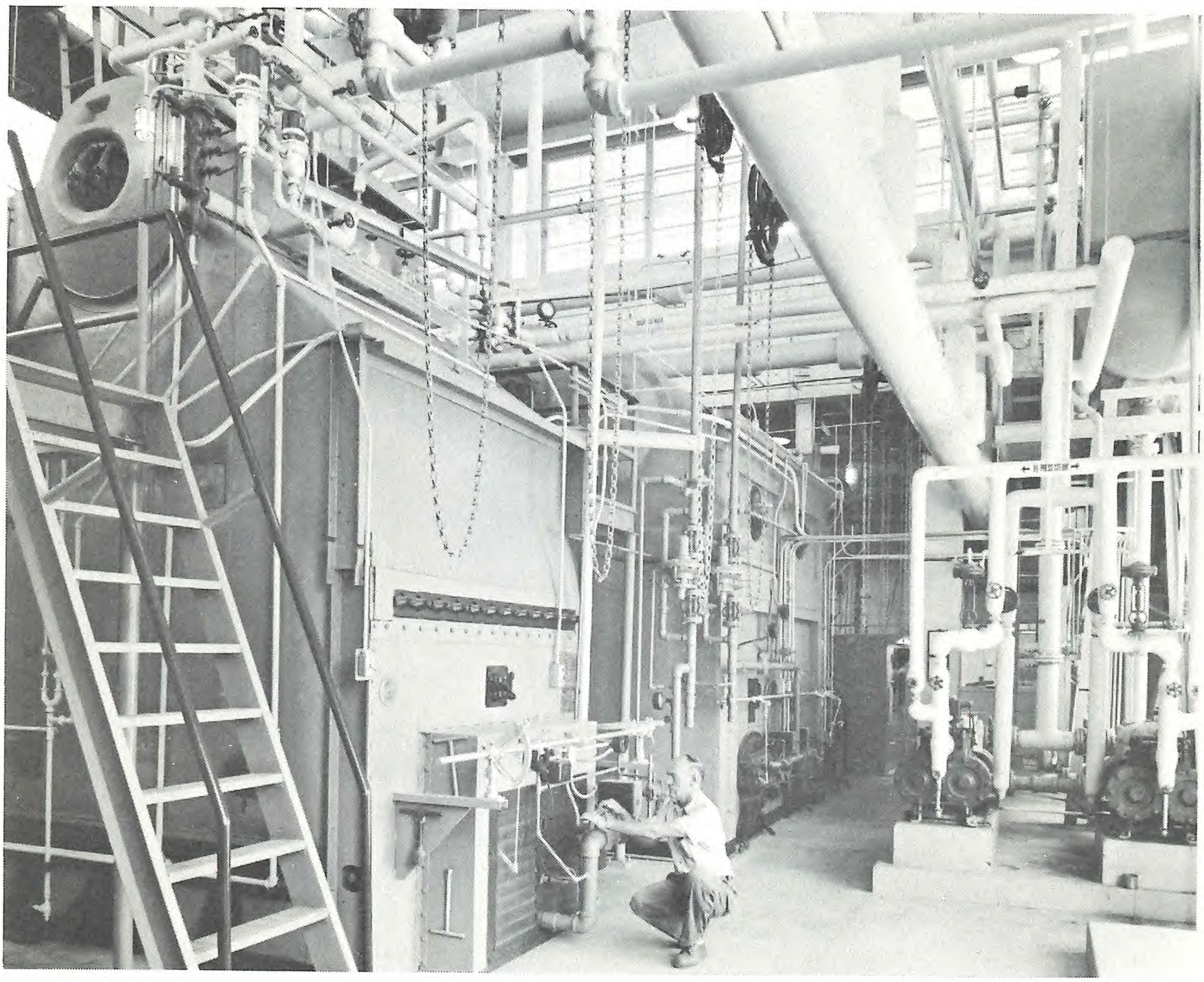
Fire Marshal's Report

Our fire experience has again been good. Our goal is to improve. During the past year all employees and as many patients as possible have participated in 220 fire exit drills. Three-hour fire safety classes consisting of lectures, films, demonstrations and the extinguishing of demonstration fires by trainees, have been attended by 380 employees. All of our employees have now received this training.

New fire extinguishing equipment has aided our program of replacing obsolete or cumbersome equipment with new, more efficient, lightweight extinguishers that can be easily used by anyone.

This year the functions of fire safety and general safety have been combined. Unsafe conditions and practices are given priority attention. All accidents are analyzed to prevent their recurrence. Total employee participation in the safety program is emphasized. The safety program includes but is not limited to a safety committee, paycheck safety message inserts, articles in the Sun Valley News, an aggressive poster attack, a safety suggestion box and a safety score board at the time clock.

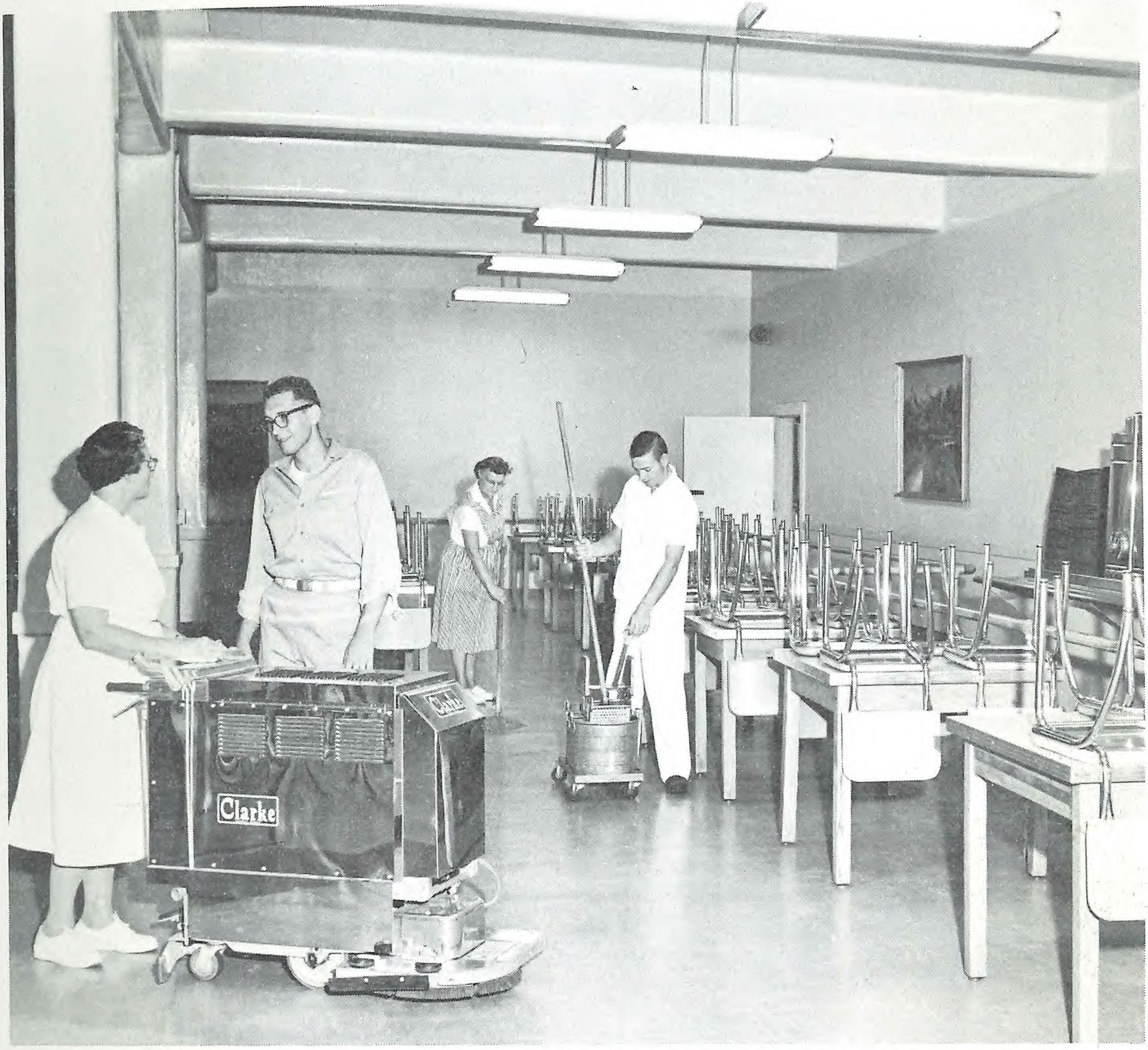
Our Fire Marshal is Chairman of the Safety Committee and the Disaster Relief Planning Committee.



A hospital engineer inspects the controls of one of the three boilers in the power plant.

General Services

The objective of this department is to plan and implement programs in housekeeping, laundering, and manufacturing that will guarantee cleanliness, sanitation, and general hospital appearance in which patients, employees, hospital management, and taxpayers may take pride. All of these objectives are to be carried out within the provided budget, with all of the procedures reduced to written standards; the standards to be regularly revised as educational programs increase departmental knowledge.



Housekeeping personnel inaugurate a new battery-powered scrubbing and polishing machine, which is used on "miles" of hospital floors.

During the year a Night Service Housekeeping program was instituted. A battery-powered floor maintainer was placed in service effecting an increase in housekeeping accomplishments in the Patients' Dining Room and other areas of the hospital added to this department's assignment.

New equipment was installed in the Sewing Room for the manufacture of men's dress shirts.

SEWING ROOM PRODUCTION

Aprons		590
Aprons, support		585
Bags, clothing		432
Bags, laundry, employee		24
Bed spreads		365
Bibs, feeding		360
Blouses		960
Coats, sleeping		624
Curtains, kitchen		12
Curtains, bath		6
Covers, bedpan		24
Pads, iron board		72
Diapers		1,080
Drapes	(pair)	40
Dresses		3,648
Gowns, seersucker		1,440
Gowns, flannel		936
Gowns, T-back,seersucker		792
Gowns, T-back, flannel		936
Holders, pot		242
Mittens, medical	(pair)	29
Napkins		808
Pajama, top		468
Pajama, bottom		144
Pillow covers		109
Pillow cases		2,153
Restraint, soft		216
Sheets, single		2,004
Sheets, double		3
Sheets, protective		541
Shirts, long sleeve		432
Shirts, short sleeve		131
Shorts, bermuda		24
Skirts		504
Slips		1,152
Tablecloths		34
Towels, bath		1,488
Towels, hand		5,682
Towels, tea		1,847
Miscellaneous		650
Total		32,299

LAUNDRY PRODUCTION

	POUNDS	
Blankets	28,912	
Sheets	759,517	
Pillow Cases	37,307	
Spreads	60,045	
Hand Towels	89,710	
Bath Towels and Washcloths	281,002	
Aprons	33,731	
Tea Towels	14,154	
Roughdry	323,310	
Clothing pieces finished		322,725
Mended pieces		50,695
Condemned pieces		35,732



Laundry personnel empty a new, large-capacity conditioner tumbler installed in the laundry this year.

MATTRESS SHOP PRODUCTION

Re-makes, Mattresses	115
Box Springs	11
Inner Springs	15
Pillows, replacement	322

Re-upholstered:

Arm Chairs	83
Cushions, chair	16
Divan	6
Stools	3
Swings, lawn	2
Cushions, spring filled	27
Benches	2
Settees	14

Manufactured:

Curtains, dishwasher	16
Bags, punch	2
Bags, mail	53
Mats, tumbling, 5'x 10'	3
Bellows for duster	1
Hollywood Beds, Plastic-covered	100
Mattresses, Plastic-covered	100

ietary Department

It is the objective of the Dietary Department to serve good quality, nutri-
ous food in pleasant, sanitary surroundings; to train employees in their
spective work; to create for them a proper working atmosphere, to have an
fficiently organized department so that these things can be accomplished
ithin a predetermined budget. In doing this we help to achieve the over-all
ospital goal of making sick people well.



Mrs. Coy Wall, Dietary Department, shown with cold salad plates prepared for the serving line.

The Dietary Department was temporarily inconvenienced by the installation of a good amount of stainless steel work on the patients' serving line. The total result was well worth all of the trouble involved. Also, some very attractive fiberglass trays were placed in Receiving East and Receiving West kitchens this year. A new coffee urn has been placed in the new "A" Kitchen. A tea dispenser was added to the Employees' Cafeteria and other small but important conveniences were added.

During the year the School Lunch Area Supervisor from San Francisco visited the Dietary Department. She was accompanied by Mrs. Mamie Mitchell, State Director of the School Lunch Program. The meeting proved quite profitable for the hospital, as both women felt we were making excellent use of the School Lunch products and arrangements were made for us to receive additional products.

Large stainless steel tubs have been replaced with small, easily handled meat tubs with mobile units for moving large quantities of meat safely. Several floor areas have been etched to prevent slips and falls. Fire classes were held by the Fire Marshal for all Dietary employees who had not previously attended such instruction. All Dietary employees have now had proper instruction in both fire prevention and fire fighting.

One unit of personnel which has traditionally been under the Farm Manager's supervision was assigned to the Dietary Department.

The new Coffee Shop serves patients, employees and visitors. It is a training source for Industrial Therapy patients; its profitable operation makes possible funds for patient entertainment, including recreational equipment. This part of the Dietary Department requires constant attention in order to charge reasonable prices, yet make a profit to benefit all patients.



Patients' Cafeteria in the Geriatric Building.

ANALYSIS OF MEALS SERVED

A.	Patients' Meals and Nourishments	1,960,373	
	Employees	136,255	
	Student Nurses, Trainees and *Guests	12,803	
	Total Meals Served by Dietary Service	2,109,431	
	Average Cost Per Meal		$ .1853
B.	Raw Food Cost:		
	Foods Delivered from Storeroom and Farm	376,079.69	
	Bread Delivered on Contract	14,956.43	
	Total Cost		$391,036.12
	Total Cost of Foods for Supplementary Feeding on Wards		$2,341.84
	Total Resident Employee Subsistence Provided		$25,945.23

*This includes prospective employees and volunteer workers.

VALUE OF FOOD PURCHASED, PRODUCED AND DONATED

PURCHASED PROVISIONS:			
	Meat, Fish and Dairy Products	$191,648.39	
	Fresh Produce	21,289.41	
	Groceries and Staples	158,886.95	
			$371,824.75
VEGETABLE AND POULTRY PRODUCTION:			
	Meat (Chickens)	$ 1,354.45	
	Poultry Products	28,670.11	
	Fresh Produce	17,270.35	
			$47,294.91
GOVERNMENT SURPLUS PRODUCTS:			
	Butter	639 cases	
	Dry Milk	232 cases	
	Rice	181 sacks	
	Corn Meal	151 sacks	
	Flour	876 sacks	
	Pea Beans	33 sacks	
	Lard	130 cases	
	Pinto Beans	54 sacks	
	Cranberries	68 cases	
	Kidney Beans	30 sacks	
	Cheese	337 cases	
	Rolled Wheat	70 cases	
	Wholesale Value	$33,265.20	
	Total Handling Cost	2,394.00	
			$ 30,871.
	Total Value		$449,990.

Patients' Entertainment Fund

Balance in Fund, June 30, 1961		$ 1,430.64
Revenue:		
Coffee Shop Cash Sales	$45,492.14	
Vending Machine Income	1,513.56	
Individual Card Sales	24,719.45	
Industrial Card Sales	13,754.00	
Gift Card Sales	300.00	
Donations	231.00	
Display - Rebates	62.00	
Merchandise - Rebates	107.60	
Reimbursement for Discharge Money	8.00	
Total Receipts		$86,187.75
Expenditures:		
Merchandise Purchased	$60,164.08	
Coffee Shop Cards Refunded	1,061.97	
Salaries	12,947.13	
Federal Withholding Tax	1,713.20	
Industrial Commission	166.35	
Bonds for Employees	90.00	
Check Books—Office Supplies	25.03	
Vending Machine Rentals	96.00	
Vending Cart and Ladder	427.45	
Care of Patients (Bus Fares)	101.85	
Garden and Poultry Workers	180.00	
Patients to State Fair	561.00	
Miscellaneous Expense for Patients	28.98	
Total Expenditures		$77,563.04
Increase of Fund during Fiscal Year 1961-1962		8,624.71
Fund to be Accounted for June 30, 1962		$10,055.35
Funds Accounted for as follows:		
Net Balance in Bank, June 30, 1962	$ 9,251.62	
Loan to Social Service	150.00	
Loan outstanding (Travel)	475.00	
Cash on Hand (Coffee Shop)	36.00	
Cash on Hand (Business Office)	142.73	
	$10,055.35	

FFEE SHOP INCOME STATEMENT

enue from:			
Coffee Shop Cash Sales		$45,492.14	
Vending Machine Income		1,513.56	
Coffee Shop Card Merchandise Sales		36,323.50	
Merchandise Display Rebates		169.60	
al Receipts			$83,498.80
t of Goods Sold:			
Beginning Inventory July 1, 1961	$ 2,122.28		
Purchases	$60,164.08		
Goods Available for Sale	$62,286.36		
Ending Inventory June 30, 1962	3,052.62		
t of Goods Sold during Fiscal Year			$59,233.74
ss Profit			$24,265.06
rating Expenses:			
Salaries—Regular Employees		$12,947.13	
Rental on Vending Machines		96.00	
Bonds for Employees		90.00	
Federal Withholding Tax		1,713.20	
Industrial Commission		166.35	
Check Books—Office Supplies		25.03	
One Stepladder, 30"		119.48	
One Gift Cart, Stainless Steel		307.97	
al Operating Expenses:			$15,465.16
Profit for Fiscal Year 1961-1962			$ 8,799.90

GETABLE AND POULTRY PRODUCTION AND OPERATING REPORT

oduction

Produce:			
Garden Produce	319,609 lbs.	$16,585.13	
Corn, ears	1,464 doz.	685.22	
Total Produce			$17,270.35
Poultry Products:			
Eggs	74,070 doz.	$28,670.11	
Chickens, butchered	10,700 lbs.	1,354.45	
Total Poultry Products			$30,024.56
Total Food Delivered to Dietary Services			$47,294.91
Milo Harvest			1,490.97

Barley Harvest		1,250.69
Total Value of Products		$50,036.57

Operating Expenses

Supplies:		
Agricultural	$ 2,597.07	
Irrigation Water	264.64	
Poultry Feed	20,258.96	
Poultry Supplies	216.33	
Total Supply Expenses		$23,309.00
Personal Services—Salaries		10,020.00
Total Operating Expenses		$33,329.00
Total Value of Products	$50,036.57	
Total Operating Expenses	33,329.00	
Net Profit		$16,707.57



Mr. Jerome O. Rolle, Office Manager, conducts a session with his staff in preparation for the installation of data processing equipment.

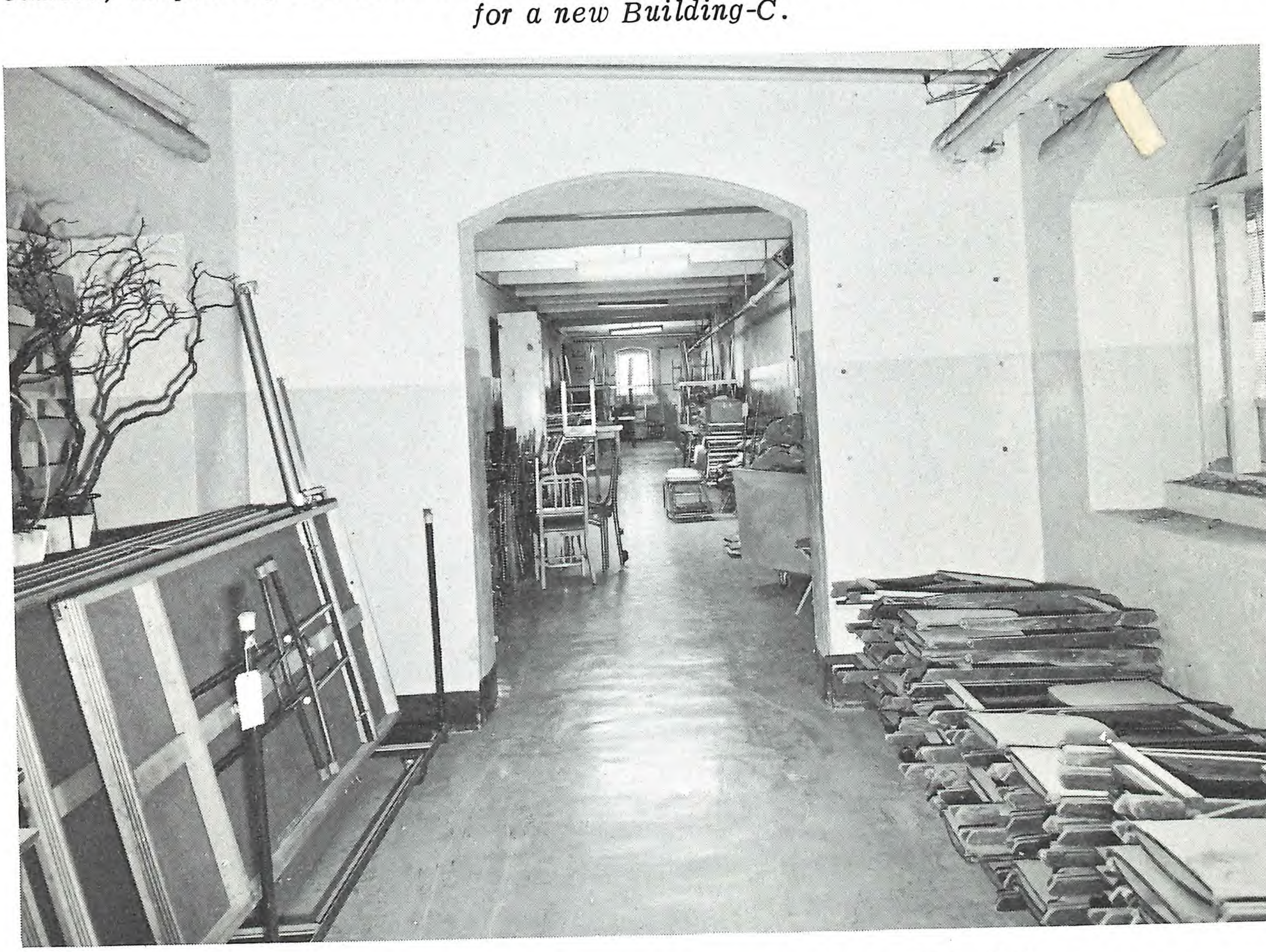


Administration Building staff parking area.

"BEFORE AND AFTER"



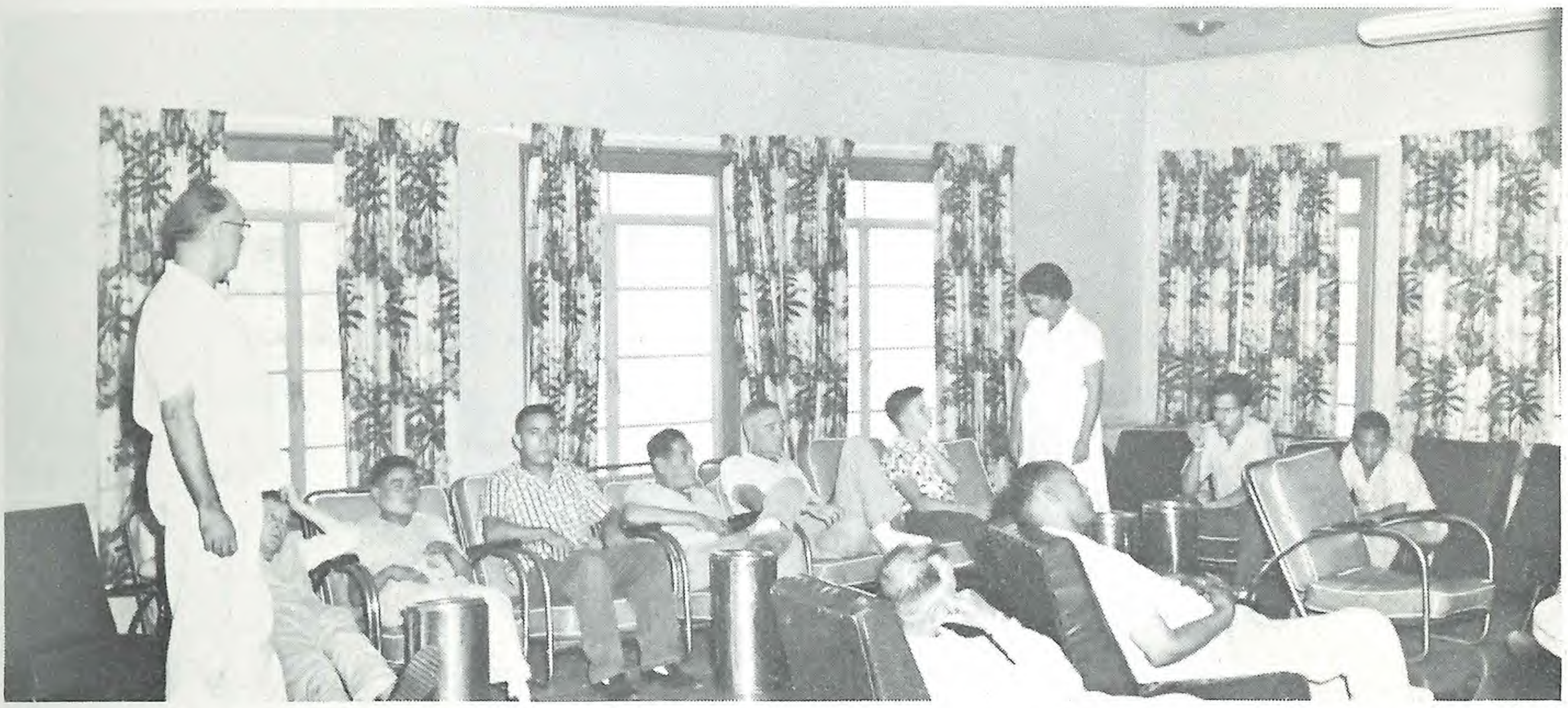
Representatives Hathaway, Thode and Cook are shown with Dr. Samuel Wick (back to camera) inspecting the north wing of Building-C prior to its demolition to make way for a new Building-C.



Movable property inadequately stored in an old building.



Building on the right, largely completed during the year will replace the 19th century building shown on the left. To make room for the new building, a portion of the old was removed; thereafter, demolition of the old building will await other new structures.



Newly-admitted male patients in the limited day-room space of the admission ward.



Dayroom in the new Men's Receiving Ward.



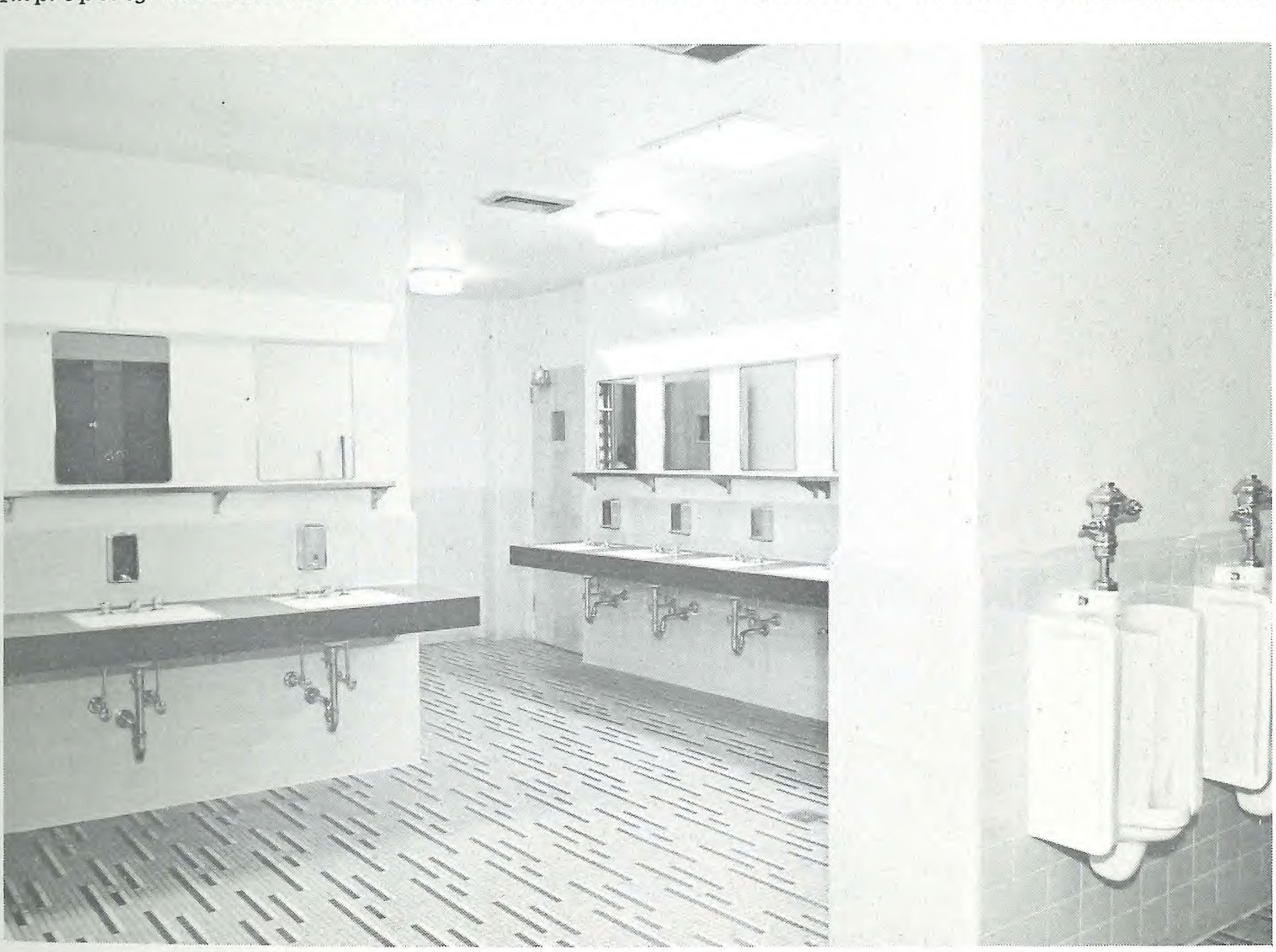
Crowded dormitory facilities in male admission area.



Male Receiving Ward Dormitory.



Improperly located and extremely limited bathroom facilities in male admission ward.



Bathroom facilities in the new Receiving Ward for men.

Partly remodeled power plant is shown before the ancient draft stack was razed and the roof replaced.

New roof line gives a modern face to the power plant. During its reconstruction the interior was modified with all piping being insulated and coded.

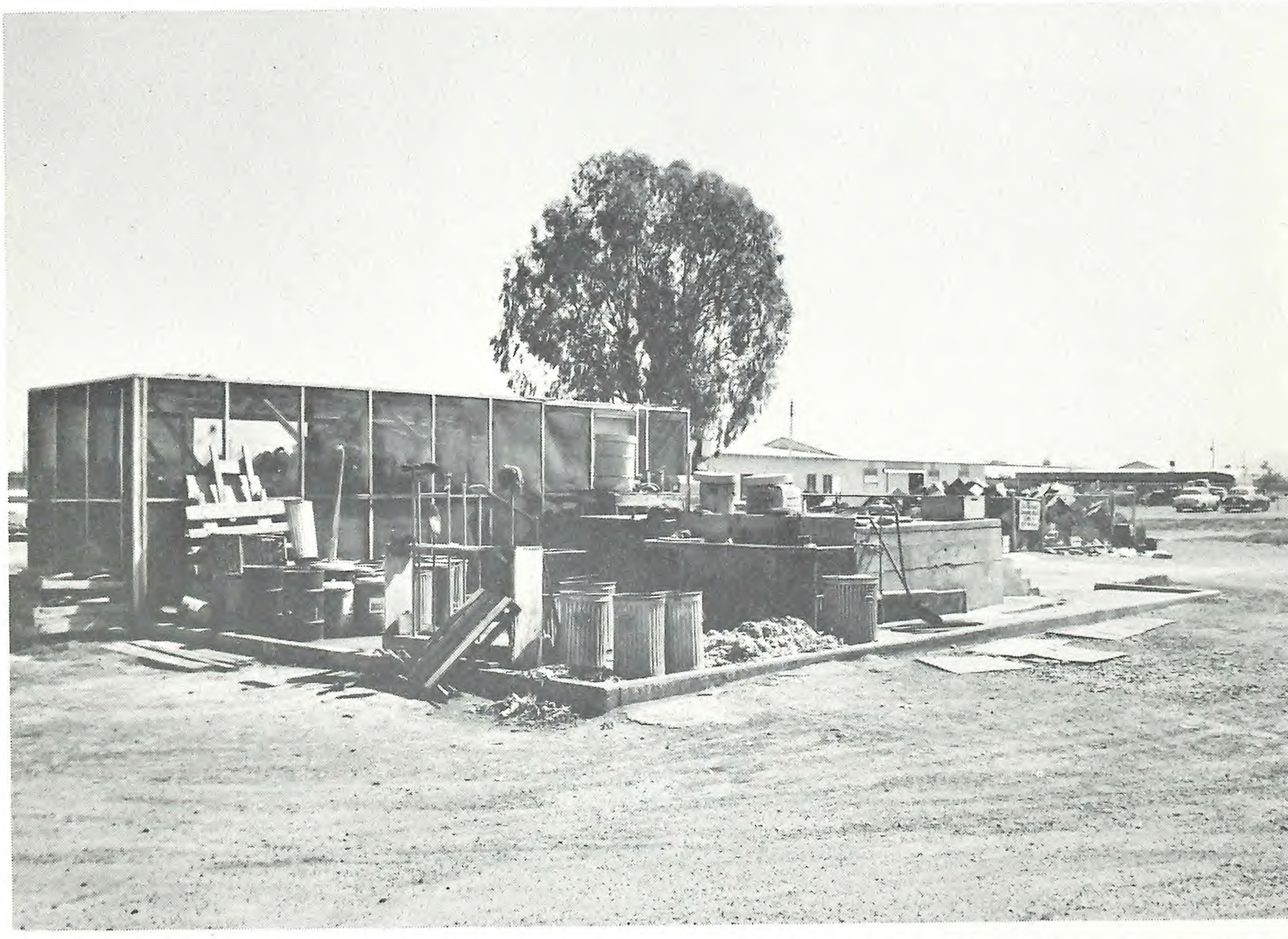
"STILL NEEDED"



The legislative team reviews Building-D, which is scheduled for demolition and replacement soon.



Patients top and clean vegetables from the hospital garden in an open area. Ne
dietary building will contain more modern facilities for this procedure.



This area currently houses tin cans and pasteboard cartons and serves as a cleanin
area for hospital garbage cans. This unsightly area will be replaced by a new dietar
building where the cleaning of food refuse containers and the disposal of cans an
boxes will be handled by modern means.



